

Fall Youth Retreat
September 16-18

Travel Information:

On Friday, September 16, we will meet at St. James' Episcopal Church (1941 Webberville) by 6 pm to roll out to [Camp Allen](#).

Dinner will happen on the way to camp. We will text you when we get there.

On Sunday, September 18, we will text our ETA, which should be noon at St. James' Episcopal Church.

Paperwork:

Be sure that you have turned in a release form, a medical form, and a copy of insurance cards.

Packing Information:

Please pack light so that we can easily fit luggage in the van. You may want to bring your own pillow and towel. Be sure to bring swim gear.

Cell Phones:

Cell phones will be permitted on this trip, but there will be times when they will need to be put away.

Trip Leader Phone Number:

Rev. Eileen, 202-716-9055

Messages (text or voice) can be left on this numbers if you need to contact us. We will check messages as often as we are able. Remember, no news is good news!

Meals

All meals are provided (Friday dinner on the road), Saturday meals prepared together in the cabin, Sunday breakfast.

Accommodations

We will be staying at the Grove Lodge: <https://www.campallen.org/grove-lodges.html>. Linens will be provided, but if you have preferred blankets or pillows or towels, bring them.

Medications

Rev. Eileen will collect medications at drop-off, and an adult sponsor will administer meds at the times prescribed.

Alcohol and Drug Policy

If you bring any alcohol or illegal drugs on this trip, you will be sent home immediately at your parent's (or adults at your own) expense. They won't be happy. Don't do it. The same goes for fireworks, weapons, etc.

**St. James' Episcopal Church
Permission and Medical Release
Fall Youth Retreat, September 16-18**

Participant: _____

I certify that I am the custodial parent or legal guardian of the "Participant" and that I have full right and authority to execute and deliver this document.

In consideration of Participant's being permitted to participate in activities of St. James' Episcopal Church, Austin, TX (the "SJEC") and affiliates (the "SJEC Activities", which term shall include but is not limited to SJEC-sponsored activities, mission trips, programs or worship services, and transportation to and from such activities), I execute and deliver this document, intending to be legally bound by it.

I hereby give permission for my child/youth to attend and participate in the SJEC Activities.

I understand that Participant's photograph or video image may be taken at or during SJEC Activities. I hereby give permission for the use of such photographs and video images to be used for the promotion of youth programs administered by St. James' and other SJEC-related purposes. Such photographs and video images may be posted on SJEC's website and/or posted in appropriate areas of the SJEC campus and/or used or displayed in SJEC newsletters, presentations, slide shows, and/or other promotional materials and/or distributed to staff and/or volunteers associated with the SJEC Activities.

I understand that transportation in connection with SJEC Activities will be by public transport, chartered bus, school bus, van, or car driven by a licensed responsible adult. I am aware that participation in the SJEC Activities involves certain inherent risks including but not limited to highway and air travel and use of public transportation.

Knowing these risks, I represent and agree that Participant is healthy and fully capable of participation in the SJEC Activities without causing major risk or danger, illness, or accident to Participant or to others.

I agree that if Participant is found in possession of alcohol, illegal drugs, firearms, knives, fireworks, or open flames or is found engaging in inappropriate sexual behavior or in any other activity that in the opinion of an adult associated with SJEC Activities is disrespectful to other participants or adults associated with the SJEC Activities, Participant will be sent home at my expense and without refund.

I declare that Participant is covered by medical insurance and that I am responsible for any and all expenses incurred by Participant whether covered under insurance or not. I understand it is my responsibility to pay for any resulting unpaid amounts.

CONSENT TO MEDICAL TREATMENT: In the event that Participant requires medical attention while participating in any SJEC Activity, I expect reasonable efforts will be made to contact me. In the event that I cannot be contacted, or if because of an emergency there is no time or opportunity to try to make contact, I hereby authorize SJEC and any priest, staff, officer, agent, or volunteer of or with the SJEC (each, a "SJEC Party"), in my name, place, and stead, to give consent for medical treatment to be performed on Participant and to authorize, arrange for, consent to, waive, and terminate any and all medical and survival procedures on behalf of Participant, including but not limited to X-rays, the administration of drugs and/or anesthesia and/or surgery; or to withhold such consent. Furthermore, each SJEC Party is authorized to arrange for the entrance to and care at any hospital or other medical facility for Participant and to make any other parental-type decisions with respect to medical care for Participant. Any physician or other medical personnel selected by a SJEC Party is hereby authorized to take whatever medical actions deemed necessary by them to treat Participant.

Initial: _____

In consideration of Participant's being allowed to participate in SJEC Activities, I do hereby assume all risks and, for myself and on behalf of Participant, I do hereby RELEASE, FOREVER ACQUIT AND DISCHARGE and agree to hold harmless the SJEC and each other SJEC Party from any and all liability, claims, or demands for any injury, loss, or damage to personal property in any way connected with or arising out of the SJEC Activities.

I understand and intend that the foregoing shall extend to, and operate for the benefit of, each SJEC Party. This release shall include, but not be limited to, all actions and omissions of each SJEC Party, whether or not such acts or omissions constitute any form of negligence, and all actions and omissions of any SJEC Party taken in reliance on, or in accordance with, any written or verbal instructions to any SJEC Party made by me or my agents at any time.

I have carefully read this Permission and Medical Release and understand its contents, and I sign it as my own free act.

This Permission and Medical Release shall remain in effect for so long as Participant participates in SJEC Activities or until Participant reaches adulthood at age 18, whichever first occurs.

Participant's name (print) _____

Custodial Parent or Legal Guardian Signature:

_____ Date: _____

PERSONAL AND INSURANCE INFORMATION

Participant: _____

Chronic illnesses and disabilities

Allergies

Routine medications (prescription or over-the-counter) and dosage (amount and frequency)

Any other medical information

Special diet: _____

Rare blood type: _____

Any physical or medical restrictions that may limit activity

Last Tetanus Immunization (Booster Shot) _____

Drug allergies: _____

Family physician: _____

Contact Information: _____

Note: Prescribed medications must be in the original pharmacy container with the correct name, date, instructions, and physician on the label. Over-the-counter medications must be in the original container

and have dosage information clearly printed on the container. An employee or other adult from SJEC will keep and distribute all medications during the event. If Participant has an inhaler or EpiPin that they must keep on their person, I have informed the adult leaders about the presence and location of these items.

Please notify the employees and adult sponsors of each SJEC Activity if Participant has been exposed to any communicable diseases within 1 week prior to the event. Participants will do a home test for COVID on the morning prior to departure.

List over-the-counter medications that Participant should not receive if any minor symptoms develop? (e.g. Tylenol, Advil, Kaopectate, etc): _____
Is Participant a good swimmer? Yes _____ No _____

Does Participant suffer from, or has Participant ever experienced, or is Participant currently being treated for any of the following: Asthma _____ Epilepsy/seizure disorder _____ Heart trouble _____ Diabetes _____ Frequent headaches _____?

Insurance Information

Employer: _____ Policy # _____ Group # _____
Insurance Company _____ Policy Holder _____
Address _____ Address _____
City _____ St _____ Zip _____ City _____ St _____ Zip _____
Insurance Company Phone # _____ Policy Holder SS# _____

Printed Name of Parent or Legal Guardian Signature of Parent or Legal Guardian Date

Home Phone # _____
Work Phone # _____
Cell Phone # _____
Email: _____

Please attach a copy of your insurance card to this form.