



# Thanksgiving Service Project

Sunday, November 27<sup>th</sup>

11:00 a.m.-6:30 p.m.

The EDGE (6th-8th graders) will be preparing a traditional Thanksgiving Dinner & serving it to our local nursing homes/assisted living facilities. Also, we will be making Christmas cookies for our soldiers overseas. We have so much to be thankful for... This is a great opportunity to have fun & give back!!! We'll be cooking from scratch, so we will need lots of parents to help with supervising & transportation!



Questions? Contact Hayley in the Youth Ministry Office:  
(724) 444-1971 ext. 128  
hayleyd@saintrich.org

*Detach the lower portion of this form, fill it out & return it to the Youth Ministry Office by **November 22<sup>nd</sup>**.*

*You can also drop it in the collection basket in an envelope marked, "Attention Youth Ministry."*

*If planning to deliver & serve the meals (3:00-6:30 p.m.), a completed permission slip must be submitted along with this form.*

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Availability: 11:00 a.m.-3:00 p.m.  3:00-6:30 p.m.  **\*Permission Slip Required!**

Parent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you able to assist with this event? Yes  No

Availability: 11:00 a.m.-3:00 p.m.  3:00-6:30 p.m.

Are you willing to be a driver for delivery during the later shift? Yes  No

If so, how many people can you fit in your vehicle? \_\_\_\_\_

Circle any items you are able to bring (PLEASE label items with your last name):

- Potato Masher    Large Pot    Colander    Cooler for Transport
- Hand Mixer    Knives    Cutting Board    Vegetable Peeler    Rolling Pin
- Large Mixing Bowl    Measuring Cups    Measuring Spoons

# St. Richard Parish – Thanksgiving Service Project

PARISH EVENT/TRIP PARENTAL PERMISSION & MEDICAL RELEASE FORM

**Cost = FREE!**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Parishioner  Non Parishioner, Friend of \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_ E-Mail \_\_\_\_\_

November 27, 2011 Depart at 4:15 p.m., Return at 6:30 p.m. Thanksgiving Service Project at St. Richard Church, Carole Timpani Personal Care Home, Windsor Place and the Arbors at St. Barnabas

Date(s) of Event \_\_\_\_\_ Time(s) of Event \_\_\_\_\_ Description/name of Event/Trip Including Location(s) to be visited \_\_\_\_\_

Chaperones Needed: Can a parent chaperone or assist?  No  Yes – Parent Name \_\_\_\_\_

Is the parent "Safe Environments" Compliant?  No  Yes  Not Sure

## Permission for Child to Participate

I/we, the parent(s) or guardian(s) of the above mentioned child, give permission for my/our child to participate in the above mentioned event/trip on the above written date.

## Medical Authorization

In the event of any injury or illness to my/our child during his/her participation in this program, I/we hereby give my/our permission for the necessary medical treatment to be given to my/our child. I/we agree that in case of injury to my/our child, we will apply my/our hospitalization and/or or accident insurance toward payment of the expenses incurred and will not look to St. Richard Parish or any other program sponsor or volunteer for the payment of any medical costs or injury related costs.

Parent/Guardian Signature(s) \_\_\_\_\_ Name(s) (Please Print) \_\_\_\_\_ Date \_\_\_\_\_

Phone number(s) for emergency \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy and/or ID number(s) \_\_\_\_\_

Name and phone number of person to call if parent is not available. \_\_\_\_\_

**ATTENTION: PLEASE COMPLETE REVERSE SIDE ALSO!**

Questions? Contact Hayley & Tim at (724) 444-1971 or [hayleyd@saintrich.org](mailto:hayleyd@saintrich.org) & [timmm@saintrich.org](mailto:timmm@saintrich.org)

# St. Richard Parish – Thanksgiving Service Project

PARISH EVENT/TRIP PARENTAL PERMISSION & MEDICAL RELEASE FORM

**Cost = FREE!**

Child's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

## CONSENT TO TREAT

I/We, the undersigned parent(s)/guardian of \_\_\_\_\_ (child's name), a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident or illness that may so arise, or any hospitalization necessary. This medical consent will remain effective until Monday, November 28, 2011.

\_\_\_\_\_  
Signature Father/Legal Guardian                      Date                      Phone(s) where you can be reached

\_\_\_\_\_  
Signature Mother/Legal Guardian                      Date                      Phone(s) where you can be reached

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (*Of the following statements pertaining to medical matters, sign only those in accordance with your wishes.*)

1) Medications: My child is **TAKING MEDICATION AT PRESENT**. My child will bring all such medications necessary, and such medications will be well labeled. My child will be responsible to administer his/her own medication.

Name of medication, time(s) to be administered, and dosage \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

2) I hereby **GRANT PERMISSION FOR NON-PRESCRIPTION MEDICATION** (such as Tylenol, throat lozenges, cough syrup) to be given to my child if deemed advisable.

Signature \_\_\_\_\_ Date \_\_\_\_\_

3) **NO MEDICATING OF ANY TYPE**, whether prescription or non-prescription may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Known allergies: \_\_\_\_\_

Known physical limitations: \_\_\_\_\_

Medically prescribed dietary needs: \_\_\_\_\_

Is child a vegetarian?  No  Yes

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting?  No  Yes

Does child have any other special needs?  No  Yes – Please briefly describe \_\_\_\_\_

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