

Vocational Week Experience July 18th - 24th, 2010

Parent/Guardian Permission and Liability Waiver & Medical Consent to Treat

Please print

Name: _____

Date of Birth: _____ Cell: _____

E-mail Address: _____

Parents name: _____

Home Address: _____

City: _____ State _____ Zip Code _____

Cell phone; () _____ Work: () _____

(if you are under 18th years old please fill the section below)

I, _____ grant permission for my daughter,
_____ to participate in the **VOCATION WEEK EXPERIENCE FROM**
JULY () 17TH between 3:00p.m. – 4:00p.m.

July () 18TH, between 11:00 a.m. – 12:00p.m. - TO July the 24th.

At. **St. Francis Convent- 4301 NE 18th Ave. Amarillo, TX 79107**

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UNDER 18 YEARS OLD.

To the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital for emergency treatment. I wish to be advised prior to any further treatment by the hospital or doctor. My child's age: _____ Height: _____ Weight: _____ I hereby grant permission for non-prescription medicine (such as cough drops, cough syrup, Tylenol, etc.) to be given to my child as necessary. I understand that aspirin will not be given to my child. If you are unable to reach me, please contact

Name: _____

relationship: _____ phone#: _____ Please attach a photocopy of your Insurance Card, front and back. Insurance Carrier: _____ Policy Number: _____

Insurance ID Number: _____

_____ Please fill in the following as it pertains to your child.

My son/daughter is taking medication and will bring all medication with him/ her and it will be clearly labeled. My son/daughter is taking the following medication(s) and directions for taking this medication, including dosage; frequency and storage are as follows:

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_____ My son/daughter is allergic to the following: _____ My son's/daughter's immunizations are current and up to date - Yes: No: My son/daughter has the following limitations:

_____ My son/daughter experiences homesickness, emotional reactions to new situations, sleepwalking, fainting, bed-wetting, etc. Yes: No: Please explain if you answered, "Yes." _____

_____ My son/daughter has special needs, which are: _____ By signing this form, I agree to abide by any/all policies and rules established for this even/activity

Signature Parent or Guardian

Date

Requested information on both sides of this form MUST be filled in completely in order for the student to participate in this event.

For those 18th years old or older fill this in.

I, _____ will be attending the weekend vocational experience. I will arrive:

- a) July () 17th between 3:00 p.m. – 4:00p.m.
- b) July () 18th between 11:00 am – 12:00p.m

TYPE OF TRANSPORTATION: _____

Do you need to pick up at the airport? _____

Please let me know if I can help you or if you have any questions.

FRANCISCAN SISTERS OF MARY IMMACULATE

We want you to enjoy your time here in prayer, meditation and involvement in some apostolic work as well as in learning some valuable information about Religious Life. This is a window to experience the world in a different way; this will give you another tool to discern in your life where God is calling you to be. Do not be afraid! Be courageous! Try it!

This is a time for you to experience religious life from inside the convent. We ask that you display mature, responsible leadership and character, and most of all to be open to answer God's Call.

1. The young girl needs to be 15th – 25th years old.
2. NO CELL PHONES, electronic devices. (You can be reached in case of an emergency at our convent phone (806) 383-5769.)
3. Dress code: dress normally, but no mini-skirts, modesty.
4. Bring your Bible and journal or a notebook to write your experience.
5. When you come, you will be asked to follow the convent life in its essence: prayer, different activities, reflection and recreation moments etc. COME AND SEE! COME WITH AN OPEN HEART TO RECEIVE AND TO GIVE.
6. There will be spiritual direction, confession and vocational talks.
7. It will be a challenge for you to stay the whole week, in case of an emergency, you may notify your parents.
8. The time of arrival will be at 11:00a.m July the 18th. We will attend Mass at 2:00p.m. at St. Laurence Cathedral.
9. For those who cannot come on Sunday morning, you have the option to arrive on Saturday 17th from 3:00p.m. - 4:00p.m.
10. The time of departure will be Sunday the 24th at 2:00p.m.
11. Parents are invited for the closing celebration at 1:00p.m.

T E N T A T I V E: IF THERE ARE ANY CHANGES, I WILL LET YOU KNOW.

BY RETURNING THE FORM ABOVE, YOU ARE REGISTERED IN THE VOCATIONAL WEEKEND EXPERIENCE.