

# Lost Island Water Park

In Waterloo

Any High School or Middle School student is welcome

**Tuesday, June 7th 9:45AM-5:00PM**

**\$30.00**

Covers admission and Transportation - Please make checks payable to the Archdiocesan deposit and Loan  
*There will be NO refunds.*

**DETAILS:**

- We will depart from the St. Elizabeth Ann Seton parking lot at 10:00AM.
- Bring extra money to purchase lunch at the water park.
- No outside food is allowed.
- We will return at 5:00PM.

Hosted by the Cedar Rapids Area Youth Ministers

**FORMS ARE DUE MAY 31st**



**PLEASE RETURN FORMS TO**

St. Jude Youth Ministry  
50 Edgewood Rd. NW  
Cedar Rapids, IA 52405



# Off-site/Field Trip Permission Form

School/Parish/Program Name: Cedar Rapids Area Lost Island Trip  
Date: June 7, 2011 Grades: 6-12  
Person in Charge: Cedar Rapids Area Youth Ministers (CRAYM)  
Event and Purpose: A fun outing for area teens  
Cost of the Event: \$30

Name \_\_\_\_\_ Parish \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_

**Section 1** - By signing this section, I (parent/guardian) certify that I request and give my permission for \_\_\_\_\_ to attend this event.  
(name of student/participant)

Further, I have previously completed the *Annual Parental/Guardian Consent Form and Liability Waiver* and agree to the conditions as set forth.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Phone number(s) \_\_\_\_\_

**Section 2** - Nonprescription Medication Permission - By signing this section, I hereby grant permission for nonprescription medication (such as ibuprofen, Tylenol, throat lozenges, etc.) to be given to my child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 3** - Please list (continue on separate sheet if needed) any medical information important for the adult in charge to know and/or any changes in this child's medical condition or emergency contact information since the completion of the *Annual Parental/Guardian Consent Form and Liability Waiver*.

Archdiocesan Policy 5141 covers the administration of prescription medication; contact the program administrator for additional information.

**Please return this permission slip by May 31, 2011**

Supervisor's Signature \_\_\_\_\_  
(Principal, C/DRE, Youth Director, Pastor, etc.)

I am interested in chaperoning this event. \_\_\_\_\_  
Name

**This is the only permission slip that will be accepted for this Event**

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**Please detach and save for your information/reference**

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