

KAIROS

#74 | Sept. 28-30, 2021

#75 | Nov. 8-10, 2021

#76 | Feb. 7-9, 2022

#77 | Apr. 4-6, 2022

All Juniors and Seniors are invited.

Priority goes to Seniors.
Space is limited.

First Come, First Served!

FIRST AND LAST NAME

GRAD YEAR

PLEASE CIRCLE PREFERRED RETREAT AND
PLACE IN THE CORRESPONDING BASKET

#74 #76

#75 #77

T-SHIRT SIZE

CHECK #
(STAPLED)

RETREATS ARE LIMITED TO 30 RETREATANTS.



SERVITE
HIGH SCHOOL

KAIROS RETREAT APPLICATION

In order to have secure your spot, please complete the following:

1. Fill out the enclosed application completely. You can complete it digitally as a PDF or as a hard copy. If digital, email it to amascaro@servitehs.org. If hard copy, turn into the Campus Ministry office in the Priory or Mrs. Barrera.
2. Please bring a check with your application to Campus Ministry for \$30 payable to "Servite High School" and put "Kairos [#]" on the memo line. (Check is non-refundable the Friday before the Retreat begins).

****Please get your application and check to have the best chance to secure your spot!****

RETREAT INFORMATION



THE FIRST DAY - 8:00 AM (prompt)

Retreatants arrive at Servite High School. We will travel together by bus to:
St. Edward Retreat Center
5701 Acorn Dr, Wrightwood, CA 92397



THE THIRD DAY - 4:00 PM

Retreatants depart St. Edward Retreat Center to return to Servite HS.

Each participant is asked to bring pre-packaged snacks for the "snack table."



SERVITE
HIGH SCHOOL

KAIROS RETREAT APPLICATION

Thank you for your interest in the KAIROS Retreat. KAIROS is an excellent way to strengthen or even begin your relationship with God. Wherever you are in your faith journey, this retreat is time well invested with our Lord Jesus Christ. KAIROS literally means "*God's Time*."

Please fill out the attached Permission Form electronically as a PDF to Mr. Mascaro at amascaro@servitehs.org or as a printed hard copy and dropped off at the Priory in Campus Ministry. Permission forms are received on a *first come first served* basis! You do not want to wait and be denied. Please return the Permission Form as soon as possible.

KAIROS is a three-day retreat. You will arrive at Servite High School on The First Day by 8:00 AM, and we will depart St. Edward Retreat Center on The Third Day around 4:00 PM to return to Servite.

Here are some important dates to add to your calendar:



Three Weeks Before The First Day

Student Application Form Due. Bring check as well...

(If you don't make it by then, don't give up! You still may be able to get in!)



Two Thursdays Before The First Day

(Find the date and mark your calendar)

Student Meeting (Retreatants) in Seven Holy Founders Chapel during Lunch

+

Mandatory Parent Information Meeting

7:00 PM on Zoom (link will be emailed)

If you have any questions, contact Mr. Mascaro in Campus Ministry at (714) 774-7575 ext. 1608 or at amascaro@servitehs.org.



FIELD TRIP PARENT PERMISSION FORM 2020 - 2021

I/We hereby authorize my son _____ to participate in the school sanction field trip.

Destination: St. Edward Retreat Center - 5701 Acorn Drive, Wrightwood, CA 92397 - (626) 773-2424

Date of Field Trip: _____ Time Leaving: DAY 1 - 8:30 AM Time Returning: DAY 3 - 5:30 PM

Group: Servite Campus Ministry Event: Kairos 74 / 75 / 76 / 77 Moderator: Mr. Aaron Mascaro
(Circle 1)

Mode of Transportation

****PLEASE READ****

☒ Bus

****Students must be at Servite HS by 8:00 AM on The First Day. We will gather and meet and depart by bus for St. Edward Retreat Center. Students *may* be COVID-tested and must wear a mask and follow the protocol on the bus ride.**

☐ School Vehicle

I, the parent/guardian, agree to allow my son to travel in a school vehicle with the adults listed below:

____ (Parent Initial)

Name of Drivers:

**** (Cont'd from above) If testing is required, vaccinated students may not have to test per the school nurse's direction. Please note! Your son will be sleeping in close sleeping quarters with other Friars. One student per bunk, heads alternating.**

1. _____ 2. _____

☐ Parent/Guardian

I accept full responsibility to transport my son to and from the event _____ (Parent Initial)

☐ Plane

☐ Rent A Vehicle - Name of qualified person driving the vehicle: _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

The undersigned hereby releases, waives, discharges, and covenants not to sue Servite High School, the school's officers, employees, board members and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, while the undersigned participates in field trip or during an activity sponsored by Servite High School.

The undersigned hereby agrees to indemnify and save and hold harmless the releases and each of them from any loss, liability, damage or cost they may incur due to the participation of the undersigned in the athletic program, field trip or excursion, sponsored, planned and directed by Servite High School.

The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage while participating in the athletic program, field trip or excursion, sponsored, planned and directed by Servite High School.

The undersigned further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

RELEASE AND AUTHORIZATION FOR MEDICAL CARE

I/We, the parent(s) (guardian) of the above named student, hereby, give my/our permission for his participation in the activity above.

I/We am/are not aware of any medical condition of my child which would prevent or limit his participation in the activity except those listed below.

I/We give my/our consent and understand that this field trip is sponsored by Servite High School and that all students and chaperones are expected to abide by all Servite High School policies. I/We agree to direct my child to cooperate and conform with the directives and instructions of the supervisory personnel in charge of the activity.

Should it be necessary for my/our child to have medical treatment (including dental or hospital treatment) on this field trip, I/we hereby give the school personnel permission to use their best judgment in obtaining medical service for my child, and I/we give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician.

I/we agree that in the event my/our child is injured as a result of his participation in the above named activity, including transportation to and from such activity, whether or not caused by the negligence (active or passive) of the school or any of its agents or employees, recourse for the payment of any resulting hospital, medical, dental treatment or related costs and expenses will first be had against any accident, hospital, medical or dental insurance, or any available benefit plan of our family.

If the above named student needs emergency treatment, he/she will be transported to nearest medical facility by school personnel, trainers or paramedics. Consent is hereby granted for such emergency treatment as maybe considered necessary in the opinion of the attending physician. Further, I understand that according to school policy all students must be covered by secondary insurance, (provided through the student body fee). The school does not assume responsibility for payment of a physician, hospital, medical or dental fees of any kind.

OVERNIGHT / EXTENDED TRAVEL

I/We understand that if this field trip takes place over an extended period of time my son may reside with a host family. He will be under the care, discipline and direction of that household. Most activities will be of a supervised, group nature. I/We realize that this field trip may also include periods of free time. During such periods, we give permission for our child to participate in activities that are not supervised by school officials or the host.

Parent/Guardian Signature: _____	Student Signature: _____
Students Date of Birth: _____	Parent Home Phone: _____
Parent Business Phone: _____	Parent Cell Phone: _____
Medical Insurance Company Name: _____	Medical Insurance Policy #: _____
Doctor's Name: _____	

Allergies/Medical Problems/Disabilities (**Medication**): _____

Emergency Contact Person: _____ Relationship _____ Cell or Home Phone: _____

^^^ MAKE SURE TO FILL THIS SECTION OUT ^^^



****This is only to be filled out if necessary, and information should be on file with Mrs. Jen Gutierrez, School Nurse.**

Administration of Medication Field trip

Medical treatment is the responsibility of the parent(s) and family physician. Medications, both prescription and over the counter, are rarely given at school: the only exceptions involve special or serious problems where it is deemed absolutely necessary by the physician that the medication be given during school hours. The parent is urged, with the help of your child's physician, to work out a schedule of giving medication at home, outside school hours whenever possible.

Servite High School policy allows personnel to assist students who are required to take medication during the school day in carrying out a physician's recommendation. This service is provided to enable the student to remain in school, to maintain, or improve his/her potential for education and learning. Designated non-medical school personnel may be administering your child's medication. Medication will be safely stored and locked or refrigerated if required.

Students may carry emergency medicine such as EpiPen or inhalers (only if authorized by physician, parent, and school nurse). A second EpiPen or inhaler must be kept at school for emergency use. We recommend that any student who has a serious medical condition (diabetes, epilepsy, etc.) should have an emergency supply of their prescription medication at school with the appropriate consent forms in case of disaster.

If medication is to be administered at school or on a field trip, all of the following conditions must be met:

1. A written statement signed by the physician specifying the condition for which the medication is to be given, the name, dosage, time, route, and specific instructions for emergency treatment must be on file at school.
2. A signed request from the parent/guardian must be on file at school.
3. Medication must be delivered to the school by the parent/guardian or other responsible adult.
4. Medication must be in your child's original, labeled pharmacy container.
5. All liquid medication must be accompanied by an appropriate measuring device.
6. A separate form is required for each medication.

Note: Please discuss your physician's instructions with your child, so that he is aware of the time medication is due at school.

This request is valid for a maximum of one year. Whenever there is a change in medication, dose, time, or route, the parent(s) and physician must complete a new form.

PARENT REQUEST TO ADMINISTER PRESCRIPTION & NON-PRESCRIPTION MEDICATION

I request that medication be administered to my child, _____ in accordance with our physician's written instructions. I understand that non-medical school personnel may administer medication under the request of your physician. I will notify the school immediately and submit a new form if there are changes in medication, dosage, time of administration, and/or the prescribing physician and give permission to contact the physician when necessary. Medication must be in the student's original, labeled pharmacy container. You may request two containers, one for school and one for home.

Student Name: _____	Cell Phone: _____
Parent/Guardian Signature: _____	Work Phone: _____
Date: _____	Home Phone: _____

PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION

Reason for Medication: _____
Medication: _____ Dose: _____ Route: _____ Time: _____
Possible reactions
(i.e. Allergic): _____

Instructions Emergency Care: _____

DISPOSITION OF STUDENT FOLLOWING ADMINISTRATION OF MEDICATION

(circle one)	Rest 15 minutes	Home	Doctor's Office	Hospital
Physician's Signature: _____	Date of Request: _____			
Physician Address: _____	Date to Discontinue: _____			
Physician Office #: _____				

SCHOOL USE

Designated Personnel: _____	Date Received: _____
Administrator: _____	Date: _____



Servite High School

Student Behavior Contract

In order to ensure that this program is a positive experience for all involved, I understand and agree to the following while I am participating in this travel experience:

1. During this field trip, I realize that I am a representative of the school, at all times. I will observe the rules of Servite High School as a guideline for appropriate behavior.
2. I will cooperate and abide by the rules/guidelines of chaperones, host families, groups and/or designated agencies.
3. I will satisfactorily complete all study, writing or work assignments associated with this program.
4. I understand that possession and/or use of alcoholic beverages, illegal drugs or tobacco is forbidden.
5. I will dress appropriately for all activities.
6. I will be expected to make restitution for any incurred damage to property or persons, at school or in the home, accidental or otherwise.

I understand that if any of the above is jeopardized by my behavior, my parents will be notified and I will be at risk of being sent home immediately and unaccompanied at my parents/my own expense.

Student Signature:

Date:

Parent Signature:

Date: