

KAIROS

#79 | Sept. 26-28, 2022

#80 | Nov. 2-4, 2022

#81 | Feb. 6-8, 2023

#82 | Apr. 24-26, 2023

All Juniors and Seniors are invited.

Space is limited.

First Come, First Served!

RETREATANT APPLICATION

FIRST AND LAST NAME

GRAD YEAR

CIRCLE PREFERRED RETREAT &
PLACE IN THE CORRESPONDING BASKET
IN CAMPUS MINISTRY OFFICE

#79 **#81**

T-SHIRT SIZE

#80 **#82**

CHECK #
(STAPLE CHECK
or HAND IN CASH)

I HAVE SPOKEN TO MY COACHES / EXTRACURRICULAR
LEADERS AND RECEIVED THEIR PERMISSION ----->>>>
(CHECK BOX)



KAIROS RETREAT APPLICATION

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

1. Fill out the enclosed application completely (hard copy), and turn into the Campus Ministry office by placing in the correct basket.
2. Please bring a **check or cash** with your application to Campus Ministry for **\$35** 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.



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! Do not wait or thy shall perhaps be denied. Due date: yesterday.

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 events to keep in mind!

KAIROS #	Application Due Date*	Student Meeting	Parent Meeting
79	Mon. Aug. 26th	Week of Aug. 29th	Week of Aug. 29th
80	Fri. Sept. 30th	Week of Oct. 3rd	Week of Oct. 3rd
81	Fri. Jan 6th	Week of Feb. 9th	Week of Feb. 9th
82	Fri. March 20th	Week of March 27th	Week of March 27th

NOTES:

- ★ *Do not hesitate to hand in a late application. What do you have to lose?)
- ★ Student Meeting (Retreatants) in Seven Holy Founders Chapel held during Lunch
- ★ Parent Meeting held over Zoom at 7:00 PM on day that is communicated via email and over loudspeaker (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 2022 - 2023

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 79 / 80 / 81 / 82 Moderator: Mr. Aaron Mascaro

(Circle one)

Mode of Transportation

Bus

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:

1. _____ 2. _____

Parent/Guardian

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

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.

Updated: 11/2018

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: _____

Updated: 11/2018



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: _____

Updated: 11/2018



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: