

# KAIROS

#87 | Sept. 24-26, 2024

#88 | Feb. 4-6, 2025

#89 | Apr. 1-3, 2025

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

**#87**   **#88**

T-SHIRT SIZE

CHECK #  
(STAPLE CHECK  
or HAND IN CASH)

**#89**

I HAVE SPOKEN TO MY COACHES / EXTRACURRICULAR  
LEADERS AND RECEIVED THEIR PERMISSION ----->>>>

(CHECK BOX)



# KAIROS RETREAT APPLICATION

To secure your spot, please complete the following:

1. Fill out the enclosed application (hard copy), and turn in to the Campus Ministry office by placing it in the correct basket.
2. Please bring a **check or cash** with your application to Campus Ministry for **\$50** 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!\*\***

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## RETREAT INFORMATION

### THE FIRST DAY - 8:00 AM (prompt)

Retreatants arrive at Servite High School no later than 8:00 AM. 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*.

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 in the early evening to return to Servite.

Please fill out this permission form. You may do so electronically and send as a PDF to Mr. Mascaro at [amascaro@servitehs.org](mailto: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!** \*\*Applications are due according to the table below.\*\*

**\*\*These are the important events to keep in mind!\*\***

KAIROS	Retreat Dates	Application Due Date*	Mandatory Student & Parent Meetings
87	Sept. 24-26 (Tues-Thurs)	Mon. Aug. 19th	Week of Aug. 25th
88	Feb. 4-6 (Tues-Thurs)	Mon. Dec 16th	Week of Jan. 5th
89	Apr. 1-3 (Tues-Thurs)	Mon. Feb. 24th	Week of March 2nd

**NOTES:**

- ★ Please get the application and cash in by the due date. Attendance is not guaranteed if it is late.
- ★ The mandatory student meetings for retreatants are held in the Seven Holy Founders Chapel during lunch the week indicated above for the corresponding retreat.
- ★ The Parent Meeting is held via Zoom at 7:00 PM on a day that is communicated via email and over the intercom (link will be emailed to parents).

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



# FIELD TRIP PARENT PERMISSION FORM

## 2024 - 2025

I/We hereby authorize my son \_\_\_\_\_ to participate in the school sanctioned 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 - PM

Group: Servite Campus Ministry Event: KAIROS 87 / 88 / 89 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 for transporting 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: 08/2023

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: \_\_\_\_\_ Medical Insurance Policy #: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Allergies/Medical Problems/Disabilities (**Medication**): \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Cell or Home Phone: \_\_\_\_\_



## Administration of Medication on Kairos

Servite High School policy allows personnel to assist students who are required to take medication during Kairos. Designated non-medical school personnel will administer your son's medication. Medication will be safely stored and locked or refrigerated if required.

Students may carry emergency medicine such as an **emergency inhaler/EpiPen** (only if authorized by a physician, parent, and school nurse).

If any medication is to be administered at Kairos, the following conditions must be met:

- The form below must be completed in its entirety. The form needs the doctor's signature and office stamp.
- The completed form will be turned in to the Kairos Retreat Director and School Nurse **3 days** before departure for Kairos.
- All medications will be turned into the Kairos Retreat Director on the day of departure, for him to administer. The exception to this is his **emergency inhaler/EpiPen**, only if authorized by a physician, parent, and school nurse.

For questions related to the administration of Medications while on Kairos, please contact the School nurse: [nurse@servitehs.org](mailto:nurse@servitehs.org).

## OVER-THE-COUNTER MEDICATION CONSENT

In accordance with California Education Code Section, 49423, I give permission for my son to have the following non-prescription medications if needed while on Kairos. I understand these medications would be administered by the Kairos Retreat Director or designated personnel. These medications will be brought to Kairos by the Kairos retreat Director.

Please check off medication that may be administered to your son during Kairos:

Tylenol     Ibuprofen     Tums     Benadryl     Claritin/Zyrtec     Pepto Bismol

Student's name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_



# PRESCRIPTION MEDICATION CONSENT

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Parent request for the administration of prescription medications:

California Education Code Section 49423 allows designated school personnel to assist students who are required to take medication during the school day. This service is provided to enable the student to remain in school, maintain, or improve his potential for education and learning. Designated non-medical school personnel may administer this medication.

I request that medication be administered to my son \_\_\_\_\_, in accordance with our Health Care Provider's written instructions, I understand that designated school personnel will administer medication. The school nurse may counsel appropriate school personnel regarding the medication and its possible effects.

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

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

### HEALTH CARE PROVIDER REQUEST FOR ADMINISTRATION OF MEDICATION: (One form per medication)

Diagnosis/Reason for Medication: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_ Time: \_\_\_\_\_

Possible reactions: (possible serious reactions with these medications-allergic, localized/general, etc.):  
\_\_\_\_\_

Instructions for emergency care: \_\_\_\_\_

The above medication cannot be scheduled for any time other than during school hours.

Authorized Health Care Provider Signature: \_\_\_\_\_

Authorized Health Care Provider Name (Print Clearly): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Provider NPI#: \_\_\_\_\_

Date of request: \_\_\_\_\_ Date to discontinue medication: \_\_\_\_\_

This student is permitted to carry/self-administer their **emergency inhaler/EpiPen**. This student has been instructed in and demonstrates an understanding of proper usage. Health Care

Providers Initials \_\_\_\_\_

**School Use:** Designated Personnel: \_\_\_\_\_ Date Received: \_\_\_\_\_





# 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 : \_\_\_\_\_