



BLESSED TERESA OF CALCUTTA CATHOLIC PARISH



APRIL 2020

Dear Students and Parents:

B.T.C. would again like to offer the opportunity to our high school youth group members this summer, to spend some time to assist the ministry of ***Whole Kids Outreach*** in Ellington, MO. who faithfully minister to impoverished families in *Reynolds County* and surrounding areas.

WKO staff said they would be grateful to have us come and offer our assistance as they wind-up their summer day-camp operations and try to clean up their facilities after several weeks of summer camp. We will also be doing some out-reach visits and service to members of the community in the surrounding counties.

We are planning on gathering for Mass at church on **Monday morning, JULY 20th** and leaving soon after. We will return **Friday late afternoon, JULY 24th**. While we will have fun, our purpose is to work and to experience the **mission** of *W.K.O.* and the **people** they serve. **WE ARE THERE FOR SERVICE!!** *Please* come with an open heart and good attitude.

We will sleep in the guest house (it is very nice), prepare our own meals and divide up responsibilities. If you are interested and able to make the weekend, please fill out the enclosed forms and return with deposit (**\$50/plus \$100 at time of trip**) as soon as possible (but don't let financial limitations deter you from attending!!...that can be worked out a number of other ways). So we can get an idea of how many might be interested in participating in this service trip, (we can take **only 10 students** due to limited space), please check out your summer plans/family schedules and then prayerfully reflect on whether or not this is something you are committed to do) please let me know who is also attending as soon as possible.

PLEASE RETURN THE TWO (2) ATTACHED: EMERGENCY AND MEDICAL RELEASE FORMS and RELEASE AND WAIVER OF LIABILITY FORM ALONG WITH DEPOSIT. *****Keep THIS informational sheet for your records!!****

If you have any questions, please feel free to call **524-0500 x352**.

Sincerely,

Jeff

Jeff Finnegan

2020 W.K.O. SERVICE WEEK

EMERGENCY RELEASE FORM

I give my daughter/son _____ permission to participate in the *Whole Kids Outreach Program* with Blessed Teresa's Youth.

We will travel by rental van for off-site activities driven by youth minister and parent. We will meet at BTC on Monday morning, JULY 20th at 8:15 AM Mass and will finish Friday evening, JULY 24th. To cover the cost of the van and food and building/repair supplies we are asking \$50 deposit and \$100 by the service date (or all \$150 can be paid at time of Registration.) *Scholarship/assistance is available if needed upon request.*

I understand that this event will take place away from Church and that my child will be under the supervision of Jeff Finnegan and Gerry Orbin. As parent(s) or legal guardian, I am fully responsible for any legal responsibility that may result from any personal actions taken by my child.

I realize that every effort will be made to contact me in an emergency situation involving my child. In the event I cannot be contacted, I hereby authorize any *Blessed Teresa of Calcutta Adult Supervisors* and/or *Jeff Finnegan* to seek and authorize emergency and/or life saving measures, including, but not limited to the following:

Any emergency x-ray examinations, anesthesia, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of **any physician or surgeon licensed to practice in the jurisdiction in which such treatment is sought.** I/We also consent to emergency x-ray examinations, anesthesia, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by **any dentist licensed to practice in the jurisdiction in which such treatment is sought. Parents will be billed for costs relating to medical treatment incurred.**

**I/WE HAVE READ AND UNDERSTAND THE FOREGOING RELEASE.
I/WE SIGN THIS FORM VOLUNTARILY AND WITH FULL KNOWLEDGE OF THIS SIGNIFICANCE.**

Signed _____
Parent/guardian

E-mail address

Emergency Phone numbers:

Name: _____

Home / Work _____ Cell _____

Name: _____

Home / Work _____ Cell _____

Blessed Teresa of Calcutta Parish

150 North Elizabeth Avenue ~ Ferguson, Missouri 63135

WHOLE KIDS OUTREACH ~ ELLINGTON, MISSOURI TRIP

EMERGENCY ~ MEDICAL INFORMATION

Blessed Teresa of Calcutta Youth will be participating in this work of service as an optional event. It will be most helpful to have the following medical and emergency contact information for those chaperoning and sponsoring the experience.

Please fill out all of the information below and return to the Parish Center prior to the mission outing.

Name: _____
Last First Middle Initial

Address: _____ Social Security # _____

Phone: _____ Birth date: _____ Grade: _____

E-mail address : _____

Parents/Guardian

Father's full name _____ Home Phone _____

Place of employment _____ Bus. Phone _____ Cell _____

Mother's full name: _____ Home Phone _____

Place of employment _____ Bus Phone _____ Cell _____

In the event of an emergency and a parent cannot be reached, who should be contacted?

Name _____ Phone _____ Relationship to Youth _____

Name of Health Insurance Carrier _____ Policy #, if applicable: _____

If group policy, with what Company or Organization _____

Family Physician _____ Home Phone _____

Office Address _____ Office Phone _____ Exchange _____

Date of last tetanus shot: _____ Tylenol, Advil, Motrin or aspirin (*circle one*) may be given if needed.

List any medical or physical condition we should be aware of _____

List any medicines currently being taken by this youth _____

Does youth have any allergies: Yes _____ No _____ If Yes, please specify: Food(s): _____

Insect Bites _____ Medication(s): _____ Pollen _____