



# BLESSED TERESA OF CALCUTTA CATHOLIC PARISH



**APRIL 2021**

Dear Students and Parents:

Despite the cancelation of last summers' mission due to the pandemic, B.T.C. would 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. Our BTC student council has sponsored the toy-collection for their annual Christmas Store that provides free gifts for families.

**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 had in the past done several off-site visits in the surrounding communities, but due to Covid precautions we will limit our work this year to the WKO on-site tasks.

We are planning on leaving **SUNDAY morning, JULY 25<sup>th</sup>**. We will return **THURSDAY late afternoon, JULY 29<sup>th</sup>**. 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 in bunkbeds (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 (**\$25/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 8 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!!****

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

Sincerely,

*Jeff*

Jeff Finnegan

# 2021 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 Sunday morning, JULY 25<sup>th</sup> and will finish Thursday evening, JULY 29<sup>th</sup>. To cover the cost of the van and food and building/repair supplies we are asking \$25 deposit and \$100 by the service date (or all \$125 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

120 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 \_\_\_\_\_