

# Kairos Information Packet

## PARENT PERMISSION and MEDICAL WAIVER FORM

I hereby give my son/daughter, \_\_\_\_\_, permission to participate in the Kairos Retreat Program run by St. Joseph High School at the Malvern Retreat Center at Malvern, PA. I give him/her permission to make use of the transportation supplied by St. Joseph High School to and from the retreat house. I understand my son's/daughter's obligations in being part of the retreat group as stated on the Kairos Retreat Conduct Agreement attached. In the event of a medical emergency, I also hereby give my permission for emergency medical treatment to be administered, until I can be notified. I release St. Joseph High School, the Diocese of Camden, and any of its agents, from any liability arising out of, or in any manner related to, the activities of this retreat.

The Retreat is scheduled for February 20-23, 2018 (Leaders: February 19-23, 2018)

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

Student's Name: \_\_\_\_\_

Student's Home Address:

\_\_\_\_\_  
\_\_\_\_\_

Student's Home Phone:

\_\_\_\_\_

Mother's Daytime Phone:

\_\_\_\_\_

Mother's Email Address:

\_\_\_\_\_

Father's Daytime Phone:

\_\_\_\_\_

Father's Email Address

\_\_\_\_\_

If parents are not living together, please give this information for the non-custodial parent:

Name: \_\_\_\_\_

Home Address:

\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

In the event of an emergency, if I am unable to be reached, please contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medications:

\_\_\_\_\_

- I would like to be considered for Financial Assistance for the Retreat (Your FACTS Account will be reviewed). I am requesting to be considered for a \_\_\_\_\_% reduction.

IN CASE OF EMERGENCY:	YES	NO
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Permission to dispense Tylenol?

Permission to send student to hospital?

Health Insurance Carrier: \_\_\_\_\_

**This form must be submitted to Fr. Caparas or the Main Office no later than Monday, February 5. The submission of this form on-time confirms your attendance. If this form is not returned on-time, the student may lose his/her spot for the retreat. The cost of the retreat is \$200. Scholarship is available upon request. A bill will be sent home once this form is submitted to Fr. Caparas. Those requesting scholarship or financial assistance will be contacted.**

**DO NOT SEND PAYMENT NOW. YOU WILL BE BILLED.**

# KAIROS CONDUCT AGREEMENT

Students attending the Kairos Retreat with St. Joseph High School are asked to review the following rules. These rules are based on common sense, concern for others, and the Student Handbook. We ask that the students and his/her parents review these rules and sign below to acknowledge acceptance of these regulations. **The rules and expectations of the Student Handbook are in full effect during this retreat.**

1. No one is to leave the grounds at any time for any reason. There is a curfew in effect, and students will be picked up by the police if they are found on the road. The grounds outside of the retreat center are off limits. Senior residential areas located on the grounds should be avoided.
2. Students are not permitted in any areas except for those that the school has contracted to use – namely the grounds of the Malvern Retreat Center.
3. The buildings and grounds at the retreat center are entrusted to us for us. Please have respect for these facilities. Any form of vandalism (writing or carving on furniture, defacing walls, etc.) will require payment for any damages by students involved in the incident. In addition, these students will be subject to disciplinary action by the school.
4. Rowdy games and activities are for outside. Whatever is broken as a result of such actions will be paid for by the students involved.
5. Smoking/dipping is prohibited at all times on retreat. Violators will be sent home and will be subject to disciplinary action by the school.
6. Male and female students are never permitted to gather together in each other's rooms. Socializing with the opposite sex is permitted only in the designated public areas. Those in violation will be subject to disciplinary action and may involve being sent home.
7. Students are not permitted to be outside of the retreat center unless permission is granted.
8. No drugs or alcoholic beverages will be permitted. They have no place on the retreat and will not be tolerated. Any student using drugs or alcohol – or whoever is present in a group using drugs or alcohol – will be sent home, and he/she will be subject to disciplinary action by the school.
9. While confidentiality is respected and upheld as an important component of small and large group sharing on this retreat, I understand that in case of immediate or perceived danger, to oneself or to others, steps will be taken to ensure the safety of all involved. The appropriate members of the Administration and members of the Guidance Department will be notified as appropriate.

I, the undersigned, have read these regulations and agree to abide by them during the Kairos Retreat. I understand that not signing will prevent me from attending the retreat.

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Student Name – Please Print

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Parent/Guardian Name – Please Print

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Student Signature

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Parent/Guardian Signature