

2019 Senior U.P. Retreat Forms

The Senior U.P. Retreat is an experience for graduating seniors to reflect on their high school careers and to start the next journey of their life on the right foot. The Companions of Christ the Lamb (CCL) are a religious community dedicated to living the faith in a simple way in the wilderness of the Upper Peninsula. Their 1,000+ acre grounds and rustic lodging provide retreatants with the space to encounter the Lord in the silence of their hearts. Our retreat will include daily Mass, Liturgy of the Hours, and community meals, as well as short talks focused on the journey ahead. The time between breakfast and dinner will be an opportunity to hike the trails or spend time in the chapel, and we'll have community time each evening.



Depart: Monday, May 20 at 8:30 am from LCHS staff lot
Return : Thursday, May 23 at 8:00 pm at LCHS staff lot
Transportation: Rented Mini-Vans
Chaperones: Mr. Ben Pohl, Mr. Dan Spitzley, and a female chaperone TBD
Emergency #: 517-267-2115
Total Cost: \$160, includes deposit (bring own money for meals during travel)
Deposit: \$30 to reserve your spot (this trip is limited to 18 spots)
Please contact Mr. Pohl (517-267-2115) if assistance is needed.



2018 graduates on their way up north for their Senior U.P. Retreat



LCHS Campus Ministry

2019 SENIOR U.P. RETREAT PARENT PERMISSION FORM

We/I hereby give our/my child, _____, permission to participate in the Senior U.P. Retreat to be held at the Companions of Christ the Lamb May 20 to 23 under the supervision of the authorized school personnel named above. We/I further understand that those school personnel will be providing transportation to and from the retreat and give our/my permission to make use of that transportation.

It is also our/my understanding that, if our/my child violates any school rules or other guidelines as established by the retreat leaders, this will be cause for our/my child to be sent home in the midst of the trip and we/I will be responsible for them *immediately*. We/I further realize, as parent/guardian, that we/I remain responsible for any legal responsibility that may result from actions taken by our/my child.

Parent Name _____ Date _____

Parent Emergency Phone _____

Parent Signature _____

Total cost = \$160
\$30 deposit - due with these forms
\$130 remaining balance - due by Friday, May 2

***Please turn in a copy of your insurance card with these forms

NON-EMERGENCY MEDICINE AND TREATMENT PERMISSION

PLEASE SELECT ONE OF THE FOLLOWING OPTIONS:

A) I grant permission for non-prescription medication (i.e., Tylenol, cough syrup, etc.) and routine non-surgical (treatment of small cuts, sunburn, blisters, etc.) care to be given to my child, if deemed advisable by the designated chaperone(s).

Parent/Guardian Signature _____ Date _____

B) I grant permission for non-prescription medication (i.e., Tylenol, cough syrup, etc.) and routine non-surgical (treatment of small cuts, sunburn, blisters, etc.) care to be given to my child, if deemed advisable by the designated chaperone(s). ONLY AFTER I HAVE BEEN CONTACTED.

Parent/Guardian Signature _____ Date _____

C) I do NOT want ANY type of medication administered to my child unless the situation is life-threatening and emergency treatment is required.

Parent/Guardian Signature _____ Date _____

TRANSPORTATION AND TREATMENT IN EMERGENCY SITUATIONS

IN CASE OF AN EMERGENCY, I hereby give permission to transport my child to the nearest hospital/emergency center for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further medical treatment by the hospital or doctor, however, in the event it is impossible to contact me or the names listed above, I consent and authorize Lansing Catholic High School in Lansing, Michigan, and it's agents to consent to any necessary steps that will ensure my child's health and safety under the advice of a licensed physician/surgeon (examination, anesthesia, diagnosis, treatment, surgery, and hospital care are included) as governed by the laws of the State where medical treatment is being sought. I understand that I am responsible for any and all costs incurred by the above actions being conducted.

Parent/Guardian Signature _____ Date _____

***Please turn in a copy of your insurance card with these forms