



## Summer of 2019 Application

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For detailed trip information, visit <http://www.lschs.org/summerservice>. If you have any questions, please contact Mr. Clark ([clarkl@lschs.org](mailto:clarkl@lschs.org)).

\*\*\* THIS APPLICATION AND \$400.00 PARTICIPATION FEE ARE DUE IN CAMPUS MINISTRY  
NO LATER THAN MONDAY, NOVEMBER 19, 2018. \*\*\*

### Contact Information

Name \_\_\_\_\_ HR \_\_\_\_\_

Address

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

**Trip Preference** Please put an "X" next to dates in which you are available. Note: Trips are limited to 26 participants. In order to ensure participation, please indicate as many choices as possible.

\_\_\_\_\_ May 26 – May 31, 2019

\_\_\_\_\_ June 2 – 7, 2019

\_\_\_\_\_ June 9- 14, 2019

\_\_\_\_\_ June 16- 21, 2019

\_\_\_\_\_ July 7 - 12, 2019

\_\_\_\_\_ July 14 – 19, 2019

**Please indicate a faculty member or coach that would be able to speak about your suitability for this program:**

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**T- Shirt Size (circle)**

Small

Medium

Large

Extra Large

**Extracurricular Activities** (Please list any involvement both at La Salle and outside of school with ant jobs, sports teams, clubs, etc...)

**Community Service Experience** (Please list any involvement at La Salle and outside of school)

**Essay** (Please answer the following in the space provided or on an additional sheet of paper)

*Why do you want to participate in a summer service immersion trip? What do you hope to gain from this experience? What do you hope to contribute?*

**LA SALLE COLLEGE HIGH SCHOOL SUMMER SERVICE PROGRAM**

**MEDICAL INFORMATION & LIABILITY RELEASE**

**Please print and complete all areas.**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
*First Initial Last*

Address \_\_\_\_\_  
*Street City State Zip*

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**EMERGENCY TELEPHONE NUMBERS:**

Phone numbers where our youth ministry leader can reach a parent or an emergency contact for the child named above during scheduled events.

Parent/Legal Guardian: Cell \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL INSURANCE CARRIER:**

Parent/Guardian's Insurance Group Name \_\_\_\_\_

Insurance Group Number \_\_\_\_\_

**MEDICAL INFORMATION:**

- Family physician's Name \_\_\_\_\_ Phone \_\_\_\_\_
- Date of last tetanus shot: \_\_\_\_\_
- Allergies, conditions, dietary restriction, special needs, medical concerns of which we should be aware:  
Food \_\_\_\_\_ Drug \_\_\_\_\_  
Animal \_\_\_\_\_ Other \_\_\_\_\_
- Limitations of which we should be aware: \_\_\_\_\_
- My child requires the following medicine: \_\_\_\_\_ Frequency \_\_\_\_\_
  - Please List ALL Medications that your son will have in his possession
  
- My child has permission to be given Tylenol or Ibuprofen if they request it.  
Yes No

In case of Medical Emergency I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless LaSalle College High School and its officers, employees, and volunteer staff from any liability.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian** Date \_\_\_\_\_

**La Salle College High School**  
**Field Trip/School Event Medication Administration Consent Form**

The administration of medication to students on field trips shall be done only when the student has a medical condition that may be adversely affected without medication. This applies to both prescription and non-prescription medication. Your son or a La Salle College High School faculty/staff member will be responsible for storing and administering medication on the trip.

Prescribed medications (prescription, herbal and dietary supplements alike) ordered by a physician and non-prescription over-the-counter medications which are essential for the student to take during and/or after school hours while attending a school-sponsored event (field trip, retreat, service project, athletic or academic events) shall be given according to the following instructions. All prescribed and nonprescription medications shall be kept in an approved location or with an adult who is a La Salle College High School employee on a field trip unless the student has permission to carry emergency medication. Prescription medication must have a pharmacy label affixed that includes the child's name; herbal/dietary supplements and non-prescription over-the-counter medications must be in the original container and marked with the student's name. No more than the necessary quantity of medicine required for the event/field trip may be sent. All unauthorized medications will be confiscated and the student in violation will be liable for disciplinary action. This form may be faxed or handed in to the Dean of Students Office. Please refer to the school's medication policy and procedures for more detailed information.

Name of Student: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time(s) administered: \_\_\_\_\_

Please note any potential reactions or side effects the child might have to this medication:

Name of Student: \_\_\_\_\_ Homeroom: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time(s) administered: \_\_\_\_\_

Please note any potential reactions or side effects the child might have to this medication:

**This student is capable and responsible for self-administering medication: (Circle No or Yes)**

**No – Adult storage and administration requested      Yes – I permit my child to self-administer**

\_\_\_\_\_  
Parent Signature Parent Phone Number

\_\_\_\_\_  
Date

Name of Physician \_\_\_\_\_

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

**Summer of 2019 Philadelphia Urban Immersion**

**Permission Form**

Applicants Name \_\_\_\_\_

\_\_\_\_\_ has my permission to apply for the Philadelphia Urban Immersion trip sponsored by La Salle College High School. I understand that a \$400.00 participation fee is required as part of this application. There will be no additional fundraising for the Urban Immersion. If he is not selected, the \$400.00 will be returned immediately.

If selected, the participation fee will be non-refundable after April 15, 2019 since it will be used to secure housing. Also, he may be required to attend meetings throughout the school year leading up to the trip.

In addition, he will be required to follow all applicable rules and regulations as stipulated in the La Salle College High School handbook leading up to and while attending the trip. I also understand that there may be periods of regulated free time when my son is not fully under the direct supervision of a La Salle chaperone. If there are any serious infractions while on the trip, I understand that my son may be required to return home prior to the end of the trip at my expense.

Applicant's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**La Salle College High School**

**Summer Service Programs**

***Code of Conduct***

Students participating in a summer service immersion project are asked to review the following rules. These rules are based on common sense, concern for others, and the La Salle Student Regulations. We ask that the student and his parents review these rules and sign below to acknowledge acceptance of these regulations. This Code of Conduct will be in effect during the retreat.

1. At all times, students represent La Salle College High School and his family. They are expected to be “men of respect and integrity.”
2. Students must adhere to curfew set by adult chaperones.
2. 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.
3. La Salle students are not permitted in any areas except for those that the school has contracted to use.
4. We are guests of the sponsoring organization. Please have respect for the facilities. Any form of vandalism will require payment for any damage by the students involved in the incident. In addition, these students will be subject to disciplinary action by the school.
5. Rowdy games and activities are for outside. Whatever is broken as a result of such actions will be paid for by the students involved.
6. NO DRUGS, ALCOHOLIC BEVERAGES, OR OTHER QUESTIONABLE SUBSTANCES ARE PERMITTED. They have no place on the service trip and will not be tolerated. Any student using drugs, alcohol, tobacco, or other questionable substances – or who is present in a group using any of these -- will be sent home, at the expense of his parents, and will be subject to disciplinary action by the school.

I, the undersigned, have read these regulations and agree to abide by them during the summer service immersion trips. I understand that not signing will prevent me from attending the trip.

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Student

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Parent/ Guardian