

# Quest Registration & Health/Medical Release Form

Name \_\_\_\_\_  
Birthdate \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Phone \_\_\_\_\_ School \_\_\_\_\_  
Parish \_\_\_\_\_  
Youth Minister \_\_\_\_\_  
Emergency Contact Person \_\_\_\_\_

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

Please list any medical allergies, medications to be taken or other pertinent information including food allergies: \_\_\_\_\_

If needed, my child may be given Tylenol \_\_\_\_\_ or Advil \_\_\_\_\_  
Insurance Information

Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Policyholder: \_\_\_\_\_ Policy No. \_\_\_\_\_

Please attach a copy of your insurance card, if possible.  
Health Information

Please circle any illnesses, allergies, or medication reactions you have experienced and give approximate dates.

Ear infections	hay fever	rheumatic fever
Chicken pox	poison ivy	diabetes
Measles	insect's	convulsions
German measles	mumps	asthma
Penicillin	other medications	behavioral problems

Any other: \_\_\_\_\_

Immunizations:

(Please list dates as accurately as possible)  
DTP series Booster    Tetanus Booster  
Polio OLV Booster    TB Test

# QUEST RETREAT

Operations or serious injuries:(dates) \_\_\_\_\_  
Chronic or recurring illness: \_\_\_\_\_  
Any other health problems or comments regarding anything listed above: \_\_\_\_\_  
Any activity restrictions? \_\_\_\_\_

## Acknowledgement Statement

I submit that this health history is accurate and correct so far as I know; and the person described herein has permission to engage in all planned Quest activities, except as noted by an examining physician or me.

In the event of an emergency, I hereby give permission to the physician selected by the youth director to secure proper and adequate treatment including hospitalization, injection, anesthesia, or surgery for myself, if of majority age, or the child listed, if a minor. I accept responsibility for all medical/ surgical treatment charges, which may be incurred. This information may be shared with other adults on the Quest Retreat for the benefit of my child.

Signature: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Return this form with \$30.00 to Our Lady of Lourdes

Please submit payment, registration/medical release to:

Joyce Kloft

Quest Retreat Application

1506 Brown Street

Bettendorf, Iowa 52722

Make check payable to "Our Lady of Lourdes/Quest

**DEADLINE FOR REGISTRATION IS**

**February 25<sup>th</sup> 2007**

**Cost is \$30.00**

## What is the Quest Retreat?

**Quest** is an overnight retreat for freshman, sophomore and mature 8<sup>th</sup> grade students. It is a chance to get away from the regular routine, meet new people, talk about important life and faith issues, and of course have fun!

**Quest** is a wonderful opportunity to find out more about self, others, and God, and includes a meaningful celebration of the Eucharist and reconciliation prayer service.

Quest weekend will be held at Our Lady of Lourdes Church, 1506 Brown Street, Bettendorf, Iowa on March 3<sup>rd</sup> & 4<sup>th</sup> 2007 the weekend begins at 10:00 AM Saturday and concludes Sunday afternoon at 3:30 PM.

**Cost:** The cost of the overnight is \$30.00 per person.

**Deadline for Registration is February 25, 2007, Send your forms and money to Our Lady of Lourdes, 1506 Brown Street, Bettendorf, IA 52722 attention: Quest**

**Questions or more information:** Please contact Joyce Kloft at 563-359-0345 or e-mail me at [lourdesyouth@mcleodusa.net](mailto:lourdesyouth@mcleodusa.net)

**What to Bring?** Casual clothes, towel, personal items, a sleeping bag, pillow, a **SHOE BOX** and a **SNACK** to share with entire group. Please do not bring anything that would be illegal, immoral, or disruptive to the spirit of the weekend.

FRIENDS ARE WELCOME (but must submit an application)!

Applicants please answer the following questions. There is no right or wrong answer to these questions. They will assist the directors in helping you have the best possible experience on the weekend. Your answers will be held in high confidence.

1) Please list the retreats you have participated in the past:

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2) Which community, school or church activities are you involved in? \_\_\_\_\_

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3) Have you been confirmed? If so when? If not, when do you anticipate being confirmed? \_\_\_\_\_

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4) Why do you wish to attend the Quest Retreat? \_\_\_\_\_

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5) What are some of the concerns at this time in your life? \_\_\_\_\_

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6) Will you be attending the retreat with anyone else from your parish? \_\_\_\_\_

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