

# Our Lady of Guadalupe Celebration

Sunday, December 11

10:45AM-2:15PM

St. Therese Parish

(217 E Wisconsin Ave, Appleton)



Join the Hispanic Community at St. Therese Parish in Appleton for their annual  
Our Lady of Guadalupe Celebration!

This is a great way to experience a different culture right in our own community.  
You can practice your Spanish (and maybe even get extra credit at school for  
Spanish class??)

There will be Mass (counts for your Sunday Mass), a procession, stories, music,  
Aztec dance, food, and more. The food will cost money (\$1 for a tamale, \$1 for a  
drink,...) so please bring some money with you so you can eat their traditional  
Mexican food!

Invite your families – they are more than welcome too! All are welcome!

Please hand in your permission form into IPRF by Wednesday,  
December 8. (*Note:* If your parents are coming with you, we do not need a  
permission form). If there are any questions, please contact Celia at  
738-7413 or [iprf@inter-parish.org](mailto:iprf@inter-parish.org)

\*Some of you High School students may wish to use this as your retreat for IPRF. If  
you would like to do so, please let Celia know in advance because we will send you  
some reflections and other basic materials for you to do at home before you come to  
this event.\*

## PERMISSION FORM

\_\_\_\_\_ has my permission to participate in the Our Lady of Guadalupe Celebration at St. Therese Parish on Dec. 11 with Celia McKee.

I further release IPRF, St. Therese, FVCYMA, and its advisors/chaperones from any liability in the event my son/daughter is injured while participating in the event.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please complete the following:**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Parish \_\_\_\_\_

### CONTACTS IN CASE OF AN EMERGENCY

Parent (s) \_\_\_\_\_

Phones you can be reached at \_\_\_\_\_

Relative/Friend \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_

PLEASE LIST ANY MEDICAL CONDITIONS \_\_\_\_\_  
\_\_\_\_\_

### AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize the treatment, administration of anesthesia, surgical treatment(s) for my minor son/daughter \_\_\_\_\_ in the event of a medical situation occurring during my absence or when the hospital/physician are unable to contact me. This authorization extends to any hospital, physician(s), nursing personnel within the physicians' staff where treatment is rendered in the physician's office. I release from medical responsibility/liability the hospital, physician(s), and nursing personnel for performing medical procedures acting on the authority of this medical treatment consent from which such medical providers deem necessary for my minor child.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ and valid through Dec. 12, 2011.

Signature of Parent \_\_\_\_\_

\*\*Parent: I am willing to chaperone: \_\_\_\_\_