



Barry-Eaton District Health Department

Be Active • Be Safe • Be Healthy

Barry County: 330 W. Woodlawn Ave., Hastings MI 49058
Phone: 269-945-9516 Fax: 517-543-7737



Eaton County: 1033 Health Care Dr., Charlotte, MI 48813
Phone: 517-543-2430 Fax: 517-543-7737

Eaton Behavioral Health: 1033 Health Care Dr., Charlotte, MI 48813
Phone: 517-543-2580 Fax: 517-543-8191

Dear Parent or Guardian,

Your child's hearing and vision impacts their success in school. Undiagnosed hearing and vision problems can make it difficult for your child to follow directions, read, and learn. Many children are unaware that they hear or see differently from their peers.

All local health departments throughout the state of Michigan provide hearing and vision screening services under Act No. 368, Public Acts of 1978, Part 93, Hearing and Vision. Childhood hearing and vision screenings are provided at your child's school FREE of charge by the Barry-Eaton District Health Department according to the chart below.

Hearing and Vision Screening Requirements	Preschool	Kindergarten	1 st Grade	2 nd Grade	3 rd Grade	4 th Grade	5 th Grade	7 th Grade	9 th Grade
	X	X		X		X			
	X		X		X		X	X	X

Hearing and/or vision screenings are scheduled at your school Monday thru Wednesday, March 12th, 13th and 14th.

You can help your child experience a successful screening by ensuring he/she wears his/her glasses or contacts to school the day of the screening. If your child has a shunt please notify the school in order for the technicians to use the proper equipment for your child's situation.

Screening children for hearing and vision problems is important. The earlier a problem is found, the sooner it may be corrected. This can help keep permanent damage from happening.

If your child does not pass a hearing or vision screening, you will be sent a referral letter. Children who are referred for hearing can be evaluated by a physician or Ear, Nose, Throat specialist. Children who are referred for vision follow-up should be evaluated by an ophthalmologist or an optometrist. Approximately 10% of children screened for vision and 5% screened for hearing are referred to specialists.

If you have questions about hearing and vision screening, please contact the Barry-Eaton District Health Department at (517) 541-2654.

The ability to hear and see—the ability to learn—is the key to a child's success.



St. Gerard School Athletics

March 8, 2018

Dear St. Gerard 1st- 4th Grade Parents:

The 2018 Intramural Basketball Season is here. Teams will be split by grade (1st & 2nd graders will play each other, 3rd & 4th graders will play each other) & be determined based on the number of players in each age group. The number of participants will determine the number of teams in each division.

The program focuses on skills development and an introduction to basketball fundamentals. The intramural program is run entirely by volunteers (Both coaches and referees). We focus on learning the game and HAVING FUN. Requests to have a specific coach &/or teammates will not be honored. Volunteer coaches will be allowed to coach their child/children.

Admission to all sessions is FREE, however no concessions will be available. Furthermore, please remember that only water or flavored water is allowed in the gym.

The 1st grade (CO-ED) begins Monday March 19 from 5:30-6:30 in the gym.
1st grade games and practices will be held on Mondays 3/19 to 4/30 and Thursday 4/19.

The 2nd grade (CO-ED) begins Tuesday March 20 from 5:30-7:30 in the gym
2nd grade games and practices will be held on Tuesdays 3/20 to 5/1 and Wednesday 4/18.

- No events on 4-17 (First Holy Communion- Practice)

The 3rd & 4th grade GIRLS begins Wednesday March 21 at 5:30-6:30 in the gym.
3rd and 4th grade GIRLS games and practices will be held on Wednesdays and Saturdays.

The 3rd & 4th grade BOYS begins Thursday March 22 at 6:30-7:30 in the gym.
3rd and 4th grade BOYS games and practices will be held on Thursdays and Saturdays.

- No Events on 4-21 (First Holy Communion)
- No Games or practices during 4th grade camp week.

The cost for each player is \$35.00 made payable to St Gerard Athletics. There is a \$10.00 late fee for registrations returned after skills testing. Please return this form during the first week of practice.

Student/Player Name _____ Gender _____ Grade _____

Parent/Guardian Name _____ Phone Number _____

I am willing to Head Coach _____ Assistant Coach _____ Help with practices _____

E-Mail Address _____ for coaches to contact.

Is there any information a doctor should know to treat your child? _____

Date of Last Tetanus Shot _____

Name of Medical Insurance _____ Policy Number _____

Name of Family Doctor _____ Telephone Number _____

In case of an emergency, I give my permission to a doctor and trained medical personnel to treat my child.

Parent/Guardian Signature _____ Date _____



St. Gerard School Athletics

2018

March

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
18 Girls Basketball Championships LCHS	19 1st Grade Practice 5:30- 6:30	20 2nd Grade Practice 5:30-6:30	21 3/4 Girls Practice 5:30-7:30	22 3/4 Boys Practice 5:30-7:30	23	24
25	26 1st Grade Practice 5:30- 6:30	27 2nd Grade Practice 5:30-6:30	28 3/4 Girls Practice 5:30-7:30	29 3/4 Boys Practice 5:30-7:30	30 Good Friday	31 Holy Saturday

2018

April

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
01 Easter Sunday	02 SPRING BREAK	03 SPRING BREAK	04 SPRING BREAK	05 SPRING BREAK	06 SPRING BREAK	07 SPRING BREAK
08	09 1st Grade Games 5:30-6:30	10 2nd Grade Games 5:30-6:15 & 6:15-7:00	11 3/4 Girls Games Game 5:30-6:30 Game 6:30-7:30	12 3/4 Boys Games Game 5:30-6:30 Game 6:30-7:30	13	14 3/4 Games TBD
15	16 1st Grade Games 5:30-6:30	17 1st Communion Practice	18 2nd Grade Games 5:30-6:15 & 6:15- 7:00 *4th Grade Camp	19 1st Grade Games 5:30-6:15 & 6:15- 7:00 *4th Grade Camp	20	21 1st Communion
22	23 1st Grade Games 5:30-6:30	24 2nd Grade Games 5:30-6:15 & 6:15-7:00	25 3/4 Girls Games Game 5:30-6:30 Game 6:30-7:30	26 3/4 Boys Games Game 5:30-6:30 Game 6:30-7:30	27	28 3/4 Games TBD
29	30 1st Grade Games 5:30-6:30	01 2nd Grade Games 5:30-6:15 & 6:15-7:00	02 3/4 Girls Games Game 5:30-6:30 Game 6:30-7:30	03 3/4 Boys Games Game 5:30-6:30 Game 6:30-7:30	04	05

Retain this top portion as a reminder that you ordered a yearbook

Date ordered _____

Cash or check amount _____ Check number _____

March 8, 2018

Dear Parents,

It is time to order our annual yearbook. The yearbook is created by the junior high students as part of the Journalism Electives Class. All grades, preschool through 8th grade, are represented in the book.

The yearbook cost is \$24 if ordered by the deadline.

To reserve a yearbook for your child please return the bottom portion of this form along with payment no later than March 23rd. After this date, the cost increases to \$27. A limited number of books will be available for sale. After the books are sold, we are unable to order additional books. Please note that we do sell out of books every year. Please place your order early to ensure that a copy will be reserved for you.

To order: Complete the form below. Return it to the school office by March 23rd, noting that it is for a yearbook purchase. Include your payment (checks should be written out to St. Gerard School). Retain the upper portion of this form for your own records.

You may also order your yearbook online (via credit card) at Balfour.com. Enter 48917 in the search box and pick St. Gerard School. Then click on yearbooks link and then yearbooks and accessories (although no accessories are available). Follow the directions to order a yearbook. Please let me know if you have any problems!

Yearbooks will be distributed to students the last week of school.

Thank you,

Lynn Bloomer and the Yearbook Staff

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To order a yearbook, please return this portion. One child per form please.

Child's Name _____ Teacher _____

Number of yearbooks requested _____

\$24 for each book ordered by March 23 _____

\$27 for each book ordered after March 23 _____

Cash amount _____ Check amount _____ Check # _____

Mark Your Calendar Now!

SPRING MISSION 2018!



Destination: Jackson, MI.

Dates: April 1 – April 6, 2018

What we will do: We will again be working with the Greater Jackson Habit for Humanity. They continue to ask us to come back and work with them. Our previous groups have impressed the greater area by the amount of work our group has been able to accomplish in our week of service the past eight years. We don't always know what the work will be, but it is always enjoyable and helpful to the community of Jackson.

Working With: We will be working with the local volunteers and staff of the Greater Jackson Habit for Humanity.

Staying At: We will be staying at Camp de Sales

Cost: Cost is only \$100 for the week! This includes Housing and all meals! Bring with you money for snacks or other items, but all meals are covered in your fee.

Plan to attend Mass before arriving at 5 – We will not be attending as a group

Deadline to SIGN UP IS *March 11, 2018!*

Turn in all forms/money to the Youth Ministry Office!

Scholarship Money is available!

Spring Break Mission Trip 2018

What to Bring!

Clothing - proper working attire will help make your day more comfortable. Our weather has been unpredictable so be prepared for hot or cold. Since this is a construction site, jeans are required. Shorts will be generally discouraged for most of the work detail. It should be old clothing you don't mind getting dirty or ruined. We have found it is most economical to pack only one or two sets of work site clothes and re-wear those. If absolutely necessary we can find some place during the week to do laundry but we don't usually plan on it.

A bandanna or two will prove most helpful. They can serve as towels or a sweatband and can protect your head from annoying insects and sun. A baseball cap can also keep paint chips out of your eyes.

Please remember to bring work gloves to protect your hands.

Shoes - Work boots or work shoes (steel toes preferable) are recommended to wear at the work site. You are encouraged to break them in prior to workcamp! Tennis shoes are not acceptable footwear except for roofing work.

Day Pack Items - You may want to carry the following items to the work site in a small pack: sunglasses, sun block, insect repellent, money, camera, etc. You will want a one-quart canteen or squeeze bottle.

Eyes - All workers should wear safety glasses while working.

You are an integral part of the crew at the worksite. You will receive direction from your crew leader. IT CANNOT BE REPEATED ENOUGH THAT SAFETY MUST COME FIRST! Keep in mind the following safety hints as you prepare for your exciting venture:

- Drink lots of fluids during the day (keep your water bottle with you!)
- Exhaustion - pace yourself!
- Injury - be honest with your Crew Leader if you are unsure about the use of power tools or other equipment. If something looks unsafe, SPEAK UP!

We will be staying at Camp de Sales – You will need a Sleeping Bag and Pillow (There are beds, but no sheets). You will also need to bring a Towel

Other Optional Items

- camera
- Clothes for 4-5 days
- spending money for additional snacks (\$20)
- jacket/sweatshirt – Strongly Encouraged
- Games, cards, etc..
- cell phone
- snacks for travel or in between meals
- music & iPod

St. Gerard Parish Youth Ministry

Diocese of Lansing

Parent Permission Form

Dear Parent or Legal Guardian:

Your child is eligible to participate in a parish/school sponsored activity requiring transportation to a location away from the parish/school premises. This activity will take place under the guidance and supervision of employees and/or volunteers from St. Gerard Parish/School. A brief description of the activity follows:

Name of Event: Spring Break Mission Trip

Destination: Jackson, MI – Habitat for Humanity – We Will be Staying at Camp de Sales in Brooklyn, MI

Designated Supervisor of Activity: Jeff Corder, Coordinator of Youth Ministry

Date and Time of Event: Meet at 5 p.m. in Youth Room April 1 (Easter Sunday). – Please already have attended Mass. Returning at or before 4 p.m. on Friday April 6th.

Emergency Contact: Jeff Corder, Coordinator of Youth Ministry: 810-820-5166

Method of Transportation: Car Pool

Participation Fee: \$100.00 – Deadline to sign up is Sunday March 11th.

Questions Contact Jeff Corder at the Parish Office 323-2379

Email: youth@stgerard.org

Youth MUST HAVE SIGNED PERMISSION FORM or they cannot attend.

Detach and return bottom portion of form.

Statement of Consent to Attend Spring Break Mission Trip

I hereby consent to participation by my child _____ in the event described above scheduled for **April 1st – April 6th** I understand that the event will take place away from the parish/school grounds I further consent to the conditions stated above on participation in this event, including method of transportation.

In consideration of my child being allowed to participate in this event, I agree to waive and release, and indemnify and hold harmless St. Gerard Parish/School, any and all affiliated organizations, its/their employees, agents, representatives, volunteers, and drivers, from any and all claims I or my child may have, excluding claims for intentional misconduct or gross negligence arising from or relating to my child’s participation in this event.

Child Date of Birth: _____
Address of child: _____ Relationship To You: _____
Phone: _____ Emergency Phone: _____
Family Physician: _____ Phone: _____
Address: _____

Does Your Teen Need Adults to Distribute their Medication (circle one) Yes or No

List allergies, medications, contacts, or other pertinent comments: _____

Insurance Phone # _____ Bin # _____
Health Insurance Data: Company: _____ Policy: _____ Group: _____

Contract: _____ This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence and to grant permission to attend event.

I certify that I am the (check one) ___ custodial parents ___ legal guardian of the minor child named in above and I agree to the above terms for myself and for my minor child.

(Print Parent’s Name)

(Parent’s Signature)

(Date)

HEALTH HISTORY AND MEDICAL RELEASE FORM
FOR PARISH PROGRAMS AND ACTIVITIES

Participant=s Name _____ Sex _____ Birth Date _____ Age _____
Parent/Guardian _____ Relationship to participant _____
Street Address _____ City _____ State _____ Zip Code _____
Home Telephone () _____ Work Telephone () _____

HEALTH HISTORY

Family Doctor _____ Telephone Number () _____

IMMUNIZATIONS (Record YEAR of last immunization or last time person had disease):

Tetanus/Diphtheria _____	Measles _____	Mumps _____
Chicken Pox _____	Rubella _____	Polio _____
TB _____ (results) _____	Hepatitis B _____	Other _____

SPECIAL INFORMATION: (Please check all that apply. Information will be held in strict confidence.)

Sleep Walking _____	Fainting _____	Dizziness _____
Blackouts _____	Asthma _____	Kidney Problems _____
Frequent Nosebleeds _____	Frequent Colds _____	Seizures _____
Severe Headaches _____	Diabetes _____	Severe Homesickness _____
Frequent Earaches _____		

ALLERGIC REACTIONS (Please list all known allergies - plant, insect, food, medicine AND TYPE OF REACTION):

Please indicate any other medical problems/situations pertinent to your child:

Any physical limitations? _____ If yes, explain _____

Any emotional/psychological limitations or reactions to be aware of? _____ If yes, explain:

Is the student presently taking any medication? _____ All medication is to be well labeled with clear, concise directions indicated here (frequently, dosage, etc.):

In an **EMERGENCY**, and if unable to reach parent/guardian, we should contact:

1. Name _____ Telephone Number () _____

2. Name _____ Telephone Number () _____

PERMISSION FOR ROUTINE MEDICAL TREATMENT

All attempts will be made to notify you if your child requires medical treatment (i.e., cases of high, persistent fever; severe vomiting, etc.). Please indicate whether or not you wish attempts to be made to contact you if your child becomes ill with minor symptoms (i.e., headache, sore throat, low-grade fever, etc.). YES _____ NO _____
NOTE: If you do wish to be contacted and it is not a local call, the charges shall be reversed to you.

We do not wish to give any medical treatment to your son/daughter against your wishes or family practice. Please read each of the following statements carefully and sign only either **A** or **B** which is in accord with your wishes:

A) I grant permission for non-prescription medication (i.e., Tylenol, cough syrup, etc.) except for the following _____ to my student if deemed advisable by the designated supervisor, and I grant permission for routine non-surgical medical care to be given to my student, if deemed advisable by the designated supervisor(s).

* SIGNATURE _____ DATE _____

or

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

* SIGNATURE _____ DATE _____

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of 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 treatment by the hospital or doctor.

*SIGNATURE _____ DATE _____

FAMILY INSURANCE PROVIDER/HEALTH PLAN _____

HEALTH PLAN NUMBER (Include expiration date): _____



Appendix C

Important: Each volunteer must read and sign the "Release and Waiver of Liability" before volunteering on a Habitat for Humanity site. Please complete this form and hand it in to Greater Jackson Habitat for Humanity staff members before you volunteer.

Waiver of Liability (14-17)

This Waiver of Liability (the "Waiver") executed on this _____ day of _____, 20____, by _____ (the "Volunteer") in favor of GREATER JACKSON HABITAT FOR HUMANITY of Michigan, a nonprofit corporation organized and a partner with Habitat for Humanity International, Inc. in Americus, GA.

The minor _____ desires to work as a volunteer for Habitat for Humanity and engage in the activities related to being a volunteer for a work project. I, the legal guardian _____, hereby feely and voluntarily, without duress, execute this Release under the following terms:

- 1. Waiver and Release.** The guardian and minor release and forever discharge and hold harmless Habitat and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with Habitat. The guardian and minor understand and acknowledge that this Waiver discharges Habitat from any liability or claim that they, the Volunteer, may have against Habitat with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on the Habitat work site. The guardian and minor also understand that Habitat does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.
- 2. Insurance.** The guardian and minor understand that they expressly waive any such claim for compensation or liability on the part of Habitat beyond what may be offered freely by the representative of Habitat in the event of such injury or medical expense.
- 3. Medical Treatment.** The guardian and minor hereby release and forever discharge Habitat from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with Habitat.
- 4. Assumption of the Risk.** The guardian and minor understand that their time with Habitat may include activities that may be hazardous to me, including, but not limited to, construction activities, loading and unloading of heavy equipment and materials, and local transportation to and from the work sites. The guardian and minor hereby expressly and specifically assume the risk of injury or harm in these activities and release Habitat from all liability for injury, illness, death, or property damage resulting from the activities of my time with Habitat. In addition, we understand this is not a peanut free environment and that persons with allergies must provide their own food and medical supplies as needed.
- 5. Photographic Release.** The guardian and minor grant and convey unto Habitat all right, title, and interest in any and all photographic images and video or audio recordings made by Habitat during my work for Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings
- 6. Other.** The guardian and minor understand that Greater Jackson Habitat for Humanity screens all potential staff (whether paid or unpaid), board members and applicant families on the sex offender registry, and that by completing this application, the guardian and minor am submitting themselves to such an inquiry. The guardian and minor further understand that by completing this application, they are submitting to a criminal background check.

As the guardian, I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Michigan in the United States of America. and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Michigan. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Name of legal guardian _____ Name of dependent/minor _____
 Signature of legal guardian _____ Signature of
 dependent/minor _____
 Date _____

Print Volunteer's Name and Organization (if applicable) _____

Guardian's Street Address, City, State, Zip code _____

Emergency Contact Name _____ Phone number _____