

**Parent or Legal Guardian Permission Slip**  
Please return this form to the appropriate parish/ school personnel by **July 7 if possible**  
**Child's Full Legal Name:** \_\_\_\_\_

**Child's Date of Birth:** \_\_\_\_\_ **Gender:** M / F  
**Child's Address:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_

**Parent or Legal Guardian's Email:** \_\_\_\_\_  
Your Child (named above) is eligible to participate in a school/parish-sponsored activity that requires your permission. This activity will take place under the guidance of employees and/or volunteers from:  
**St. Therese of Lisieux, Phillips**

A brief description of the activity is as follows:  
Type of activity: Totus Tuus St. Therese, Phillips.  
Description of activity: Summer catechetical program based on Eucharistic and Marian devotion, which involves attendance at mass, games, skits, songs, & other activities.  
Dates and times of activity: **July 10 – 15, 2022**  
Method of transportation: Parent / Guardian  
Student cost: **Free this year because we received a scholarship**

I consent to the participation of my child/ward in the above named activity. In consideration for my child/ward's participation, I agree to reimburse and indemnify the above named parish/school/Diocese of Superior (DOS) for all reasonable legal and court fees incurred by parish/school/DOS in defending a lawsuit that I or my child/ward may bring against the parish/school/DOS which relates to the above named activity if the parish/school/DOS is found not legally liable by the courts and prevails in the lawsuit. If the parish/school/DOS is found legally liable for the injuries sustained by my child/ward, this paragraph will not apply. I further agree to reimburse the diocese or any other agency for property damage or any bodily harm to other participants caused by my child/ward.

I certify that I have an understanding of this agreement, as well as the risks and hazards associated with the activity (including illness, injury and the rare possibility of death) described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the parish/school/DOS to clarify any concerns or questions about the activity or this agreement that I may have had.

**Parent or guardian signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Address of parent or legal guardian:** \_\_\_\_\_  
**Phone numbers - Home:** \_\_\_\_\_ **Call:** \_\_\_\_\_  
**Work:** \_\_\_\_\_

## Daily Schedule:

### Elementary School Program

- 9:00 a.m. INTRODUCTION
- 9:15 a.m. Pump-Up (songs, skit)
- 9:25 a.m. CLASS PERIOD #1
- 9:50 a.m. Snack Break
- 10:10 a.m. Music Preparation for Mass
- 10:20 a.m. CLASS PERIOD #2
- 10:45 a.m. Mass Preparation/ Confessions
- 11:15 a.m. MASS
- 12:00 p.m. Lunch/Recess
- 1:00 p.m. Water Break
- 1:15 p.m. CLASS PERIOD #3
- 1:40 p.m. Skit
- 1:50 p.m. CLASS PERIOD #4
- 2:15 p.m. Closing (review, songs)
- 2:30 p.m. DISMISSAL



### Middle and High School Program

- 7:30 p.m. Icebreaker Games
- 7:45 p.m. SESSION #1
- 8:15 p.m. Small Group
- 8:30 p.m. Break
- 8:45 p.m. SESSION #2
- 9:20 p.m. Night Prayer
- 9:30 p.m. DISMISSAL

## TOTUS TUUS St. Therese, Phillips



**"Let us be saints! To be  
anything less is not to have  
lived but only to have existed."**

**—Blessed Pier Giorgio Frassati**

## What is Totus Tuus?

**Totus Tuus** (Latin for "Totally Yours") is a Catholic youth program dedicated to sharing the Gospel and promoting the Catholic faith through catechesis, evangelization, Christian witness, and Eucharistic worship.

The Totus Tuus team is made up of four college age students (two men and two women) who come from around the U.S. to bring Totus Tuus to your parish.



The Elementary School program (for children entering gr. 1-6) runs during the day Monday through Friday. The Middle/High School program (for teens entering gr. 7-12) runs Sunday through Thursday evenings.

Highlights of the week:

- Opportunities for Mass, Reconciliation, and Eucharistic Adoration
- Parish potluck in the Social Hall at St. Therese, Phillips on Wednesday night at 5:30 p.m. Presentation at 6:15 pm.
- Social on Thursday night for the Middle/High School students
- Ice cream topping and water fight on Friday afternoon for the Elementary School students

## Curriculum:

The Totus Tuus program is based on a six-year rotating cycle of curriculum:

### **Year One: The Mystery of Salvation**

Discover how the Old Testament characters and stories provide a basis for understanding the history of our salvation.

### **Year Two: The Apostles' Creed**

Learn about the basic beliefs of the Faith within the Creed and why we believe them.

### **Year Three: The Sacraments**

Understand the seven sacraments and why they are necessary in the life of discipleship.

### **Year Four: The Commandments**

Discuss the 10 Commandments as the foundation for Catholic moral teaching.

### **Year Five: The Virtues**

Explore the Cardinal (prudence, justice, fortitude, & temperance) and Theological (faith, hope, & love) virtues and how they can aid us in living a life of personal holiness.

### **Year Six: Prayer and the Our Father**

Study the importance of prayer and the basic formula given by Christ in the Our Father.

Additionally each year of curriculum is paired with curriculum based on a set of mysteries of the Rosary:

#### **The Joyful Mysteries**

#### **The Sorrowful Mysteries**

#### **The Glorious Mysteries**

#### **The Luminous Mysteries**

*The Curriculum for 2022 is Prayer and the Our Father*

### **Emergency and Incidental Medical Treatment**

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, please contact:

Name: \_\_\_\_\_

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

Phone numbers - Home: \_\_\_\_\_

Cell: \_\_\_\_\_

I further understand that if I cannot be reached, or if the emergency contact that I have listed above cannot be reached, and my child/ward is in need of immediate medical care, the parish/school/DOS reserves the right to make a temporary decision that is in the best interest of my child/ward until such a time when I can be reached.

**Please check the appropriate preference below.**

I give permission to chaperones of this event from the parish/school/DOS to distribute non-prescription/ over-the-counter medications and treatments to my child/ward such as, but not limited to: applying minor bandages and first-aid ointments or sprays, ice or heat compresses, dispensing of non-aspirin pain relievers, cough drops or syrups, and antacids and the like.

Yes \_\_\_\_\_

No \_\_\_\_\_

**Please supply all of the information requested below:**

Family Health Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Family physician or clinic: \_\_\_\_\_

Address: \_\_\_\_\_

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

Family dentist: \_\_\_\_\_

Address: \_\_\_\_\_

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

Date of most recent physical examination: \_\_\_\_\_

Current medications: \_\_\_\_\_

\_\_\_\_\_

Dosage & Frequency: \_\_\_\_\_

Date of most recent tetanus immunization: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Treatment for allergies: \_\_\_\_\_

\_\_\_\_\_

Recent surgeries or serious illness: \_\_\_\_\_

\_\_\_\_\_

Any other special needs to be noted: \_\_\_\_\_

I verify that all of the medical information for my child/ward listed above is correct and current to the best of my knowledge at the time of the event described above. I have indicated all potential health issues for my child/ward (including medications and any special dietary needs), as well as indicated my preference to the distribution of non-prescription/over-the-counter medications and treatments such as: applying minor bandages and first-aid ointments or sprays, ice/ heat compresses, dispensing of non-aspirin pain relievers, cough drops or syrups, and antacids and the like.

Parent or guardian signature: \_\_\_\_\_

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