

August 14, 2013

Dear Parents and Guardians,

Once again we are going to work with Habitat for Humanity as a school project. This important project is a learning experience for the students on many levels. It teaches the students how to put our Christian faith in action. It allows for an opportunity to build teamwork. It allows for the teachers and students to interact outside of the classroom setting so they can appreciate talents otherwise left undiscovered and unappreciated, both by the teachers and the students. It teaches the students who may not be used to physical work to appreciate those who do physical work for a living. Many students come back from the worksite and comment about how they never realized that certain jobs could be so hard. It creates an opportunity for a member of the community to own a home and so brings hope to a family that might not otherwise be able to afford a home. This project is an opportunity to do God's work.

Our goal is to give every student the opportunity to work on a house. We need adult volunteers to spend a day helping to supervise the students. Your time will count as volunteer hours for John Carroll. The work days this year will be on Tuesdays and Wednesdays during school hours. We will be working in Indian River County again this year. If you wish to volunteer, there is a separate form enclosed which needs to be sent back with the permission slips that also need to be returned. The first permission slip is a release for the Habitat organization in Vero. It only has to be signed and witnessed. The second permission slip is our own travel form which gives us permission to transport the student to the site and provide emergency medical treatment if we cannot contact you. This form must be notarized and is similar to the travel form for athletics. We are starting the project September 10, so we need all the forms to be returned to your child's religion teacher by August 30.

This will be our eighth year doing Habitat, and we have never had an injury. The students will be provided with hard hats and safety glasses while on the job site. If you have any questions, please e-mail me at dscotto@johnncarrollhigh.com. If you wish to volunteer, you may also call Richard Schlitt at 772-562-2856.

Sincerely

Dominick Scotto



Habitat For Humanity Travel Form
John Carroll High School
3402 Delaware Avenue, Fort Pierce, Florida 34947
Phone: (772) 464-5200, Fax:(772) 464-5233
www.JohnCarrollHigh.com

Since your child will participating in off campus events, this form needs to be completed, signed in the presence of a Notary, and returned to Mr. Scotto as soon as possible.

Student's Full Name: _____ Sex: ____ Age: ____

Date of Birth: ____/____/____

Home Address: _____

Home Phone: (____) _____

Name of Parent/Guardian: _____ E-mail: _____

Person to Contact in Case of Emergency: _____

Relationship to Student: _____ Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

Personal/Family Physician: _____ City/State: _____ Office Phone: (____) _____

The patient and others whose signatures are attached below do hereby consent to any and all medical and surgical treatments including anesthesia and operations which may be deemed advisable by his or her physicians or surgeons.

The intentions hereof being to grant authority to administer and to perform all and singularly any examinations, treatments, anesthetics, operations, and diagnostic procedures which may now or during the course of the patient's care be deemed advisable or necessary. We also agree that this form should be presented in any emergency in which the parents can **not** be reached.

Minor Student/Patient _____

Father/Guardian _____

Mother/Guardian _____

The foregoing statement was acknowledged before me this _____ day of _____ 20____, by _____

_____ Personally known to me

_____ Produced identification _____

 Notary Public, State of Florida at Large

 Parent's/Legal Guardian's Primary Insurance Co. Policy #

Maksin Management Corp. Policy #AMK0000380
 John Carroll Catholic High School Insurance used as secondary coverage.

Allergies or notable physical conditions _____

Special instructions or limitations by Parent/Legal Guardians _____

Volunteer Information

Name (Parent/Guardian) _____

e-mail _____

cell phone _____

home phone _____

Names and grade levels of student/s at John Carroll
