

SPREAD SUMMER RETREAT

July 26 -27, 2025

St. Joseph Retreat Center, Tipton, Indiana

1440 W Division Rd, Tipton, IN 46072

**\*The Archdiocese will be providing optional BUS Transportation to and from the retreat\***

***(See Bus Form for more information)***

**Retreat Check In Will Begin: 10:00 am at St. Joseph Retreat Center**

**Retreat Mass will be on Sunday at 10:00 am**

**Retreat will end: Sunday 3:00 pm**

* **A FEW THINGS YOU’LL NEED…**
* **All retreat forms *including medication form*** *(for those who don’t have staff to dispense)* **filled outand turned in no later than July 1, 2025**
* **Medications** you will need for the whole retreat time.
* **1 Travel Bag** with clothes and toiletries (soap, shampoo, deodorant, toothpaste, toothbrush) for the weekend (no sleeping bags, pillows, linens or towels needed, this all will be provided)
* A reusable **water bottle** that is labeled with your name.
* Hat, sunscreen

***Questions? Contact Jenny Bryans at (317) 236-1448 or Jbryans@archindy.org***

THANK YOU TO OUR SPONSORS:

 



**SPREAD summer Retreat Response Form**

**Participants**

Please return by **July 1, 2025** with payment

(*Checks Payable to* ***Disabilities Ministry***)

**Mail To:** Disabilities Ministry

1400 N Meridian Street; Indianapolis IN 46202

Contact Jenny Bryans at (317) 236-1448 or jbryans@archindy.org for assistance.

***Please X your Choice for how you plan to participate:***

***\*See Bus Form for Transportation Information\****

* FULL RETREAT Registration (includes overnight, meals, and t-shirt)
* $95 Shared or double room with private bathroom
* $120 Single room with private bathroom

OR

* DAYS ONLY Registration (not overnight) choose which day/s (includes meal and t-shirt)
* Saturday (lunch @ 12:30 pm) $15
* Saturday (dinner @ 5:30 pm) $18
* Sunday (lunch @ 12:30 pm) $15

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

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

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-Shirt Size**: (Circle one) SM MED LARGE XL XXL Other (Specify) \_\_\_\_\_\_

**Emergency Contact Information *(Please provide two contacts)***

(1) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s): 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(2) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number(s): 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TURN THIS FORM OVER**

**What would you want someone new to know about you (the participant)?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Staff Contact Information:**

o I (This participant) will have staff accompanying me (him/her)

Staff Name (if known): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Roommate Request (for shared rooms): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check here if you will NOT ride on the BUS \_\_\_\_\_\_\_\_\_ (Please see Bus Form for Bus Transportation Information)**

**Name and Number of person picking up participant from St. Joseph Retreat Center at 3pm on Sunday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other helpful information (routines, care needs, calming strategies, triggers, etc.)**

***Please include any recent significant life events or changes.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPREAD SUMMER RETREAT 2025**

**HEALTH FORM**

Return all signed forms to:

Disabilities Ministry

1400 N. Meridian Street

Indianapolis, IN 46202

jbryans@archindy.org

**Please Note:**

Having adequate information about our participants is crucial to our ability to provide a safe and supportive environment.

*For this reason, we cannot allow anyone to participate in the retreat without a completed health form.*

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Sex (circle one) male female

 Birthdate: \_\_\_/\_\_\_\_/\_\_\_\_\_\_\_\_\_

**Allergies:** Check those that apply

o No known allergies

o Allergic to this food (s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Causes Anaphylaxis? YES NO

o Allergic to this medication(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Causes Anaphylaxis? YES NO

o Allergic to the following: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Causes Anaphylaxis? YES NO

**Nutrition/Diet:** Please note that we can work with some medically prescribed diets, but not necessarily individual food preferences. Please call if you have any questions.

o Eats a regular diet

o Vegetarian

o Gluten free

o Lactose intolerant

o Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE TURN FORM OVER**

**Chronic Health Concerns:** Check those that apply:

o No chronic health concerns

* 1. o Has the following chronic health concern (s) o Asthma
	2. o Headaches
	3. o Sleepwalking
	4. o Diabetes
	5. o Menstrual cramps
	6. o Frequent ear infections
	7. o Fainting
	8. o Incontinence
	9. o Seizures
	10. o Surgical history of consequence
	11. o Other (describe below)

Information about the items above (attach additional info if needed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Medication:** “Medication” is any substance a person takes to maintain and/or improve his or her health, including over the counter medications, vitamins and homeopathic remedies.

* o This person will not take any medications while attending the retreat
* o All medications the participant will take are listed on the attached form.
* o This person has staff who will administer medication- *YOU DO NOT NEED TO COMPLETE THE MEDICATION FORM*

**Note: *IF you do not have staff dispensing medication*, ALL medication must arrive in the original appropriately labeled containers and given to the nurse upon arrival.**

**Please contact Mary Roesinger (317) 902-7481 if you have any questions.**

**Mental, Emotional, Learning and Social Health:** Check each statement that applies

* o This person has been diagnosed with a condition that impacts learning (e.g. ADHD, sensory processing problem, etc.)
* o This person has a mental health diagnosis such as depression, OCD, panic/anxiety disorder
* o This person has an emotional health concern (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICAL TREATMENT RELEASE**

Archdiocese of Indianapolis Policy Statement 2008-02 recognizes that parents (guardians) have the primary responsibility for the health of their dependent Although it is strongly recommended that medication be administered at home, the health of some adults with disabilities may require that they receive medication or other medical care while in the care of the SPREAD Summer Retreat. This also applies to non-dependent adult participants.

***If a medication must be taken while at the retreat, please be advised of the following:***

✓ When medication absolutely must be taken at other times outside the home, parents (guardians) or non-dependent adult participant shall provide explicit written instructions including, in some cases, instructions as necessary from a medical practitioner regarding the need for medication or specific medical care.

✓ Parents (guardians) and non-dependent adults signing this form are, in most cases, providing written permission for volunteer nurses to oversee the **self-administration** of medication or necessary routine medical care **by the participant** depending upon age and capability.

✓ *Participants* are not permitted to carry or keep medications (including analgesics, herbs, enzymes, oils, etc.) on their person, ***except for inhalers or other medical devices with specific permission***. Medications will be secured during the retreat for the protection of all participants.

✓ If a participant has staff who in the normal course of their duties dispense or oversee self-administration of medication, ***the staff member may retain and secure that participant’s medication*.**

✓ All medication is to be delivered and taken home by the parent (guardian) or non-dependent adult at registration and at end of the retreat.

✓ All medication is to be taken in the presence of the volunteer nurse and documented in a confidential log.

✓ **No medication** of any kind is to be provided by the retreat staff or volunteer nursing personnel.

✓ Prescription medication must be in the original pharmaceutically dispensed and labeled container. The prescription label will be considered the written order of the medical practitioner in most cases.

✓ Non-prescription medication must be in the original container in which it was purchased. Please provide medicine cups/spoons as necessary for liquid medication.

✓ If a staff person will be retaining and overseeing the medication of a participant, the nursing staff will still be provided with a list of that participant’s medications.

Permission to Participate and Appointment of Agent

**CONSENT**

I hereby consent for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in SPREAD Summer Retreat from July 26-27, 2025

***I acknowledge that I have received information about the program and consent to (his or her participation).***

**WAIVER AND RELEASE**

I release and waive, and further agree to indemnify, hold harmless or reimburse the *Archdiocese of Indianapolis*, its successors and assigns, its members, agents, employees, and representatives thereof, as well as volunteer mentors, from and against, any claim which I, any other parent or guardian, any sibling, the participant, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during or in connection with the above named individual’s participation.

I hereby authorize a representative of the *SPREAD Summer Retreat Staff* as my agent. My agent may consent to the above-named participant’s: transportation by ambulance, examination, x-rays, diagnosis, hospitalization, anesthesia, medication, and any emergency medical treatments that are necessary in the best judgement of the healthcare providers.

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

Parent/Guardian Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone: (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Heath Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian or Non-Dependent Participant

**Permission to use Photograph or Likeness**

Name of Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do permit and authorize the Archdiocese of Indianapolis (hereafter, the Archdiocese) and

its employees, agents and personnel who are acting on behalf of the Archdiocese to use my

photograph or other likeness and appropriate identifying or accompanying information for

purposes related to the educational and ministerial mission of the Archdiocese, including

publicity, marketing, and promotion of the Archdiocese and its various programs and ministries.

I understand my photograph or likeness may be copied and distributed by means of various

media, including video presentations, news bulletins, signs, brochures, placement on

websites or in newspapers.

I understand that, although the Archdiocese will endeavor to use my photograph or likeness

and identifying and accompanying information in accordance with the standards of good

judgment, the Archdiocese cannot warrant or guarantee that any further dissemination of

my photograph or likeness and information will be subject to Archdiocesan supervision or

control. Accordingly, I release the Archdiocese of Indianapolis from any and all liability

related to dissemination of my photograph or likeness.

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

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

Signature of Parent or Guardian (if subject is under 18, or a dependent adult):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BUS TRANSPORTATION FORM FULL WEEKEND RETREATANT**

SPREAD SUMMER RETREAT

July 26-27, 2025 St. Joseph Retreat Center, Tipton, Indiana

The Archdiocese of Indianapolis will be providing optional bus transportation to and from St. Joseph Retreat Center. Roncalli High School has graciously offered to help us with our transportation needs. They will be providing a school bus that seats 44 passengers and a bus driver that is an employee of Roncalli High School and is in good standing to drive. Please be advised that the buses are **NOT wheelchair accessible**, **do not have seat belts and** there is **NOT air conditioning.** We will have 1 nurse and 4 adult volunteers, so that leaves **39 seats available for retreat participants**. Please be advised that **ALL registration forms must submitted by July 1,** and seats will be assigned on a *first-come first-served basis*. \***We will be offering 2 different bus stops. Roncalli High School for South side and St. Pius X Church/school for North side Indianapolis**.

**\*Important\***

**If you have medication**, **you must check in with the nurse before you can board the bus on the morning of July 26**.

 **Your medications must be in appropriately labeled containers. There will not be any exceptions.**

**Please Indicate Your BUS Transportation Needs Below for a FULL WEEKEND RETREATANT**

1. **\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(**Name)** will ride bus from \*Roncalli High School, 3300 Prague Rd, Indianapolis at **8:00 am on July 26, 2025**.

***OR*** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Name)** will ride bus from \*St. Pius X School, 7200 Sarto Dr. at **9:00 am on July 26, 2025**

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**(Name**) will **RETURN** on the bus on **Sunday, July 27, 2025 to \***St. Pius X School at **3:30 pm OR** \*Roncalli High School at **4:00 pm. (please circle the school)**
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Name and Phone Number**) will pick up participant up from \***St. Pius X School OR** \***Roncalli High School (please circle the school)**
* **2nd CONTACT** Name and Phone Number for Pick Up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name) will **NOT ride the return bus on Sunday** and

 \_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Name and Phone Number**) will pick up participant from **St. Joseph Retreat Center** **at 3:00 pm on Sunday, July 27, 2025**

* **2nd CONTACT Name and Phone Number for Pick up \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**BUS TRANSPORTATION FORM 1 DAY ONLY Retreatants for Saturday** SPREAD SUMMER RETREAT

The Archdiocese of Indianapolis will be providing optional bus **transportation *to*** St. Joseph Retreat Center. Roncalli High School has graciously offered to help us with our transportation needs. They will be providing a school bus that seats 44 passengers and a bus driver that is an employee of Roncalli High School and is in good standing to drive. Please be advised that the buses are **NOT wheelchair accessible**, **do not have seat belts and** there is **NOT air conditioning.** We will have 1 nurse and 4 adult volunteers, so that leaves **39 seats available for retreat participants**. Please be advised that **ALL registration forms must submitted by July 1,** and seats will be assigned on a *first-come first-served basis*. **We will also be offering 2 different bus stops**. Roncalli High School for South side and St. Pius X Church/school for North side Indianapolis

**\*Day only retreatants will need to arrange a ride home on Saturday, there will not be a return bus on Saturday\***

**\*Important\***

**If you have medication**, **you must check in with the nurse before you can board the bus on the morning of July 26th**.

 **Your medications must be in appropriately labeled containers. There will not be any exceptions.**

**Please Indicate Your BUS Transportation Needs Below for**

**1 DAY ONLY Retreatants for Saturday**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name)** will ride the bus ONE way on Saturday as a **1-Day retreatant**, includes lunch and dinner**.** Bus will leave from Roncalli High School, 3300 Prague Rd, Indianapolis at **8:00 am on Saturday July 26, 2025 *OR* 9:00 am from St. Pius X School 7200 Sarto Dr.** (please circle school)

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(NAME AND PHONE NUMBER)** **will pick up participant up from St. Joseph Retreat Center at \_\_\_\_\_\_\_\_\_(Time)**
* **2nd CONTACT** Name and Phone Number for Pick Up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Bus Transportation Information for SPREAD Summer Retreat**

**YOUR COPY TO KEEP AS A REMINDER**

**\*Important\***

**If you have medication**, **you must check in with the nurse before you can board the bus on the morning of July 26**.

 **Your medications must be in appropriately labeled containers. There will not be any exceptions.**

**Check the bus trips you chose on the registration and Please keep this for your information:**

**Please Indicate Your BUS Transportation Needs Below for a FULL WEEKEND RETREATANT**

1. \_\_\_\_\_\_\_\_\_\_ will be picked up at Roncalli High School, 3300 Prague Rd, Indianapolis at **8:00 am on July 26, 2025**.
2. \_\_\_\_\_\_\_\_\_\_**will RETURN** on the bus on **Sunday, July 27, 2025 to St. Pius X School at 3:30 OR Roncalli High School at 4:00 pm. (please circle school)**
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_will pick up participant up from **St. Pius X School OR Roncalli High School**. **(please circle school)**
1. \_\_\_\_\_\_\_\_\_\_\_\_­­­­­­\_\_will pick up participant from St. Joseph Retreat Center **at 3:00 pm on Sunday, July 27, 2025**

**Please Indicate Your BUS Transportation Needs Below for 1 DAY ONLY Retreatants for Saturday**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name)** will ride the bus ONE way on Saturday as a **1-Day retreatant**, includes lunch and dinner**.** Saturday drop off at Roncalli **High School, 3300 Prague Rd, Indianapolis** at **8:00 am *OR* St. Pius X School 7200 Sarto Dr. at 9:00 am on July 26, 2025**  **No bus return trip will be provided. The participant will need to be picked up directly from St. Joseph Retreat Center on Saturday.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(NAME AND PHONE NUMBER)** will pick up participant up from St. Joseph Retreat Center at \_\_\_\_\_\_\_\_\_(Time)

**Participant Medication Form Summer Retreat July 26-27, 2025**

**Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**This participant will take the following medication(s) while attending the retreat. Bring enough of each medication to last the entire session.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of Medication** | **Reason for Taking**  | **Dose Given and When** | **Timing (if applicable)** | **Nurse Use** |
|  |  | * AM/ Breakfast Dose: \_\_\_\_\_\_
* Midday/Lunch Dose: \_\_\_\_\_\_
* Evening/Dinner Dose: \_\_\_\_\_\_
* Bedtime Dose: \_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_ Dose: \_\_\_\_\_\_ | * Before meal
* With the meal
* After the meal
 |  |
|  |  | * AM/Breakfast Dose: \_\_\_\_\_\_
* Midday/Lunch Dose: \_\_\_\_\_\_
* Evening/Dinner Dose: \_\_\_\_\_\_
* Bedtime Dose: \_\_\_\_\_\_

Other \_\_\_\_\_\_\_ Dose: \_\_\_\_\_\_ | * Before meal
* With the meal
* After the meal
 |  |
|  |  | * AM/Breakfast Dose: \_\_\_\_\_\_
* Midday/Lunch Dose: \_\_\_\_\_\_
* Evening/Dinner Dose: \_\_\_\_\_\_
* Bedtime Dose: \_\_\_\_\_\_

Other \_\_\_\_\_\_\_ Dose: \_\_\_\_\_\_ | * Before meal
* With the meal
* After the meal
 |  |
|  |  | * AM/Breakfast Dose: \_\_\_\_\_\_
* Midday/Lunch Dose: \_\_\_\_\_\_
* Evening/Dinner Dose: \_\_\_\_\_\_
* Bedtime Dose: \_\_\_\_\_\_

Other \_\_\_\_\_\_\_ Dose: \_\_\_\_\_\_ | * Before meal
* With the meal
* After the meal
 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
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Other \_\_\_\_\_\_\_ Dose: \_\_\_\_\_\_ | * Before meal
* With the meal
* After the meal
 |  |
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