

9th Grade CONFIRMATION RETREAT
December 6th-8th, 2019 Weekend Retreat
Camp Gray -- \$105

PARTICIPANT'S NAME _____

BIRTH DATE _____ (please circle one) M F

PARENT/GUARDIAN'S NAME _____

HOME ADDRESS _____

HOME PHONE _____ WORK PHONE _____

In the event of an emergency, if you are unable to reach me at the above numbers, contact

NAME & RELATIONSHIP _____

PHONE NUMBER _____

I grant permission for my son/daughter to participate in **the Confirmation Retreat. The Christian Formation Staff will be in charge of the event.**

It is understood that all reasonable precautions will be taken by those in charge to prevent injuries, but neither those in charge nor the staff are responsible in case of an accident.

I also understand that if my daughter/son violates any of the rules regarding possession or use of alcohol or drugs or rules governing retreat property, I will be called to pick up my daughter/son regardless of the hour.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my child and I agree to hold harmless and defend Sacred Hearts of Jesus and Mary, its officers, directors and agents, and the Diocese of Madison, chaperones, or representatives associated with the event, from any claims or lawsuits arising from or in connection with my child attending the event, or in connection with any illness or injury or cost of medical treatment incurred.

MEDICAL MATTERS

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatments. I understand that I will be promptly notified in the event of a serious illness or accident and prior to any major surgery except when delay in such communication would endanger life.

OVER

In the event I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary.

FAMILY DOCTOR _____ PHONE _____

FAMILY HEALTH PLAN CARRIER _____

POLICY NUMBER _____

Please check if it applies:

_____ My child is currently taking medication. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: _____

SPECIFIC MEDICAL INFORMATION

The parish will see that the following information will be held in confidence.

Allergic Reactions (*medications, foods, plants, insects, etc.*)

Any physical limitations?

Immunizations: Date of last tetanus/diphtheria immunizations _____

Has your child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, please list the date and disease or condition.

You should be aware of these special medical or emotional conditions of my child:

Parent/Guardian Signature _____

Print Parents Name: _____

Date _____

Please make checks payable to Sacred Hearts Church.