

St. Raphael's Confirmation Retreat

November 3-4, 2018 *or* February 2-3, 2019

10:00AM Saturday to 12:30PM Sunday

Confirmation retreats are run by Annie McHugh and Mike McHugh; with help from Catholic University students. This retreat is a special time for many of the Confirmation II students, as they grow in their faith and encounter the Lord in a deeper way. Parent volunteers are needed to help chaperone overnight and help pick-up and serve meals throughout the weekend. It's a wonderful opportunity to be a part of your child's retreat experience! Please indicate on your child's registration form how and when you will be able to help.

Cost: \$125 (for the retreat and other sacramental costs) Checks can be made to St. Raphael's with "Confirmation" in the memo line.

Packing List

Participants should wear comfortable clothes. Attire should be modest and appropriate for playing games and sitting on the floor. Many children wear shorts and t-shirts under sweats.

Bring

- modest pajamas and a
- change of clothes for Sunday (we'll be attending Mass)
- a sleeping bag or bed roll. On Saturday night participants will sleep on the floor. An air mattress or pad is optional.
- Toiletries (toothbrush, soap, wash cloth, etc)
- No cell phones, electronics, etc

Meals

Saturday Lunch: Domino's Pizza

Saturday Dinner: Chipotle Burittos

Saturday Snack: Cookies

Sunday Breakfast: Cereal, Yogurt, and Fruit

If your son/daughter cannot eat one or more of these meals, please arrange to send alternate meals.

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. (Of the following statements pertaining to medical matters, sign ONLY those that are applicable.)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical 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, contact:

Name & Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Washington, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headaches, vomiting, sore throat, fever, diarrhea, I want to be called collect if necessary (with phone charges reserved to myself).

Signature: _____ Date: _____

Medication: My child is taking medications at present. My child will bring all such medications as necessary, and such medications will be well-labeled and given to an adult upon checking in at the retreat. Names of the medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence.

Allergic Reactions (Medications, Foods, Plants, Insects, Etc): _____

Does child have a medically prescribed diet? _____

Any physical limitations: _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting?

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? If so date and disease condition: _____

Does your child have any other medical conditions? _____