



# SMM Confirmation Retreat: Using the Gifts of the Holy Spirit to Serve Others



Guidelines for Safe Environments Forms. FORM B: EVENT SPECIFIC CONSENT AND RE-LEASE Diocese of Wilmington Parish/Diocesan Institution Trip Consent and Release

My child (*please print full name*) \_\_\_\_\_ has my permission to attend the Confirmation retreat on Saturday September 26, 2015 from 9:00am-12:00pm in the SMM Church Hall. This Retreat is free for all Confirmation students, we just ask that each student bring a snack, or a drink mix to share. This form is due no later than Monday, September 21 at 3pm to either the Youth Ministry Office located in the Church Hall or the Parish Office.

**\*\*\*Students will not be allowed to have cell phones, ipods, ipads, or the like while on this retreat. Please leave all of these items at home or they will be confiscated for the duration of the retreat. In case of Emergency, Theresa will send out her cell-phone number to parents of participants in the week leading up to the retreat.\*\*\***

I hereby give my permission for my child to attend said event and I understand that my child will be chaperoned by responsible cleared adults. I understand that SMM, the Diocese of Wilmington and its staff are committed to providing fun, safe, educational experiences and that CYM events are conducted in smoke-, alcohol-, and drug-free environments. In light of this, and to help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol, or tobacco products, engages in illegal, immoral, or offensive behaviors, or refuses to follow the directions given by parish staff or volunteers while participating in this activity, I will be contacted immediately to pick up my child. As parent/guardian, I understand that promotional pictures (individual and group) will be taken during this event. I give permission for my son's/daughter's picture to be used for promotional materials (newsletter, web page, calendars, power point, etc.) in highlighting the event. By my signing this, I release SMM Staff, The Office for Catholic Youth Ministry, additional chaperones, and the Diocese of Wilmington from any and all liabilities and waive all claims against them. I also give my permission for the event coordinator and other qualified cleared adults to obtain proper medical treatment for my child should it become necessary.

Insurance Carrier/Policy Number \_\_\_\_\_

Insurance company address \_\_\_\_\_

Insurance company phone number \_\_\_\_\_

Prescription meds taken regularly\* \_\_\_\_\_ Other meds. taken regularly \_\_\_\_\_

Emergency Contact Name/Number \_\_\_\_\_

We have this information for you on our annual form A, but please provide your cell number if you are not joining us!  
Cell Number \_\_\_\_\_

If necessary, the group leader is permitted to administer the following over the counter medications to my child:

- Advil  Tylenol  Motrin  Aleve  Halls (*cough drops*)
- Claritin/Zyrtec  Benadryl  Robitussin (*cough syrup*)
- Other (*please specify*) \_\_\_\_\_

**Parent Name (Print)** \_\_\_\_\_ **Signature of Parent/Guardian:** \_\_\_\_\_

**Relationship to Participant:** \_\_\_\_\_ **E-mail** \_\_\_\_\_

*\*If Prescription Medication is indicated, Form C is required.*

**As always, we need cleared adults to volunteer for this retreat!!** \_\_\_ **Yes, I am able to chaperone if needed! E-mail** \_\_\_\_\_