

CONFIRMATION RETREAT

Permission Slip January 21-22, 2011

In consideration of Blessed Sacrament Church arranging for participation in the Confirmation Retreat, the undersigned parent/guardian of _____, a minor, hereby releases and agrees to hold harmless the above named parish or any of its advisors, chaperones or persons connected with the above activity from any liability, claims, and/of damages for personal injury, property loss/damage which may result during the event.

The undersigned _____ hereby agrees to abide by the rules established for the above event.

I give permission for my son/daughter _____ to stay overnight in a room with a chaperone who has undergone a background check in the Diocese of Rapid City

Dated this day ___/___/_____

Signature of Parent

Signature of Participant

Authorization for Medical Treatment

Child's Name

Birthdate

Address

City

State

Zip

Parent or Guardian Name

Work/Cell Phone

Home Phone

Insurance Company

Policy Number

I hereby authorize the treatment, administration of anesthesia, surgical treatment(s) for my minor son/daughter _____ in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital, physician(s) and nursing personnel within the physician's staff where treatment is rendered in the physician's office. I reserve the right to hold liable the hospital, physician(s) and nursing personnel who perform medical procedures acting on the authority of this medical treatment consent form, which such medical providers deem necessary for my minor child.

Signed this day ___/___/_____

Signature of Parent

Information on Back 

Health Record

Name _____

Doctors Name _____ Phone _____

Contact person in Emergency _____

(will be contacted if parents cannot be reached)

Phone _____ Address _____

Contact person in Emergency _____

(will be contacted if parents cannot be reached)

Phone _____ Address _____

Health History (describe condition/treatment where possible): _____

Allergies (e.g. insect stings, drugs, etc.) _____

Conditions requiring regular medication (e.g. diabetes, epilepsy, ADD): _____

Recent injuries, illnesses, operations: _____

I, the applicant (parent or guardian of minor applicant) assume full responsibility for the applicant's health being such that the activities will in no way aggravate any conditions present. If in doubt, medical advice will be sought and followed. The sponsoring parish will be notified of any changes in the applicant's health status prior to trip departure.

I declare the statements on this form to be true.

Signature _____ Date ____/____/____

(Parent or guardian of minor applicant under eighteen)