

ST. NORBERT CONFIRMATION RETREAT
Saturday February 3, 2018 9AM-2PM
PARENTAL PERMISSION & RELEASE FORM

Please complete and return this form on or by January 7, 2018

My child, _____, has my permission to attend the Confirmation Retreat at St. Norbert Parish.

(Event/Activity) St. Norbert Confirmation Retreat

(Place) St. Norbert Church

(Date) February 3, 2018

(Arrival time) 9:00AM (Pick up time) 2:00PM

I hereby agree to indemnify and hold harmless St. Norbert Catholic Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability. I accept responsibility for any medical expenses as a result of any such injury sustained.

Parent or Guardian Signature

Date

PLEASE FILL OUT BOTH SIDES

CONFIRMATION RETREAT 2018
MEDICAL INFORMATION & LIABILITY RELEASE

Please print and complete all areas in regard to your child.

Name _____ Birth Date _____
First Initial Las

Address _____

Home Phone _____ Cell Phone _____

EMERGENCY TELEPHONE NUMBERS:

Phone numbers where our ministry leader can reach a parent or an emergency contact for the child named above during scheduled events.

Parent/Legal Guardian Phone: _____

Emergency Contact _____ Phone _____

MEDICAL INSURANCE CARRIER:

Parent/Guardian's Insurance Group Name _____

Insurance Group Number _____

MEDICAL INFORMATION:

○ Family physician _____ Phone: _____

○ Allergies, conditions, dietary restriction, special needs, medical concerns of which we should be aware:

Food _____ Drug _____

Animal _____ Other _____

○ My child requires the following medicine: _____ Frequency _____

In case of Medical Emergency I understand that in the event that medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless St. Norbert Catholic Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability.

Parent or Guardian Signature

Date