

(C2 Only) Consent form for C2 Confirmation Retreat – DUE OCT. 26

Learner/Participant Name _____

Date of Birth _____ Sex _____ Grade 2016-2017 _____ School _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Date of Retreat March 18 to 19, 2017 Type of Retreat Confirmation

Destination Association Retreat Center, Osceola, WI

Individual(s)/Teacher(s) in Charge Bryan Collins

Estimated Time of Departure 10:00 AM on 3/18/17 Return 3:00 PM on 3/19/17

Mode of Transportation To & From Event School Bus

Learner Cost (if applicable) Included in Faith Formation Registration Tuition

I, _____, grant permission for _____
Parent or Guardian Name Child Name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child’s participation, I agree to indemnify the Church of St. Patrick and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the Church of St. Patrick/Archdiocese of St. Paul & Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney’s fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

Name Phone Number

MEDICAL INFORMATION:

Medication my child is taking at present _____

Allergies _____

Other Medical Conditions _____

Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature Date