

Confirmation Retreat Permission Form

Date Options: Please choose one – Both retreat options are one day retreats

- November 5, 2016
- April 22, 2017

Location: Claggett Center, 3035 Buckeystown Pike, Adamstown MD 21710

Depart From: Our Lady of Mercy Church, 8:00 am

Return To: Our Lady of Mercy Church, 6:00 pm

Participant's Name: _____

Date of Birth: _____ Sex: _____

Parent/Guarian Name(s): _____

Address/City/State/Zip: _____

Parent Email Address: _____

Home Phone: _____ Cell Phone: _____

Parent(s) Other Phone Number(s): _____

Emergency Contact (In case parent(s) cannot be reached): _____

I, _____ grant permission for my child,
Parent's name

_____ to participate in this parish event that requires
Child's name

transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from Our Lady of Mercy Catholic Church. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Our Lady of Mercy Church, its officers, directors, employees and agents, and the

Archdiocese of Washington, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Washington, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese. Further, I agree that my child's picture may be used (without his/her name) to promote events through media and literature, including flyers, brochures, CDs, social media, and on the parish website.

Signature: _____

Date: _____

Medical Information

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.)

1. Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital or urgent care center 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: _____

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

Signature: _____ Date: _____

3a. Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

3b. I hereby grant permission for the following non-prescription medication(s) to be given to my child, if deemed appropriate.

- Ibuprophen
- Acetaminophen
- Benadryl
- Pepto-Bismol
- Cough Syrup
- Throat Lozenges

Signature: _____ Date: _____

3c. No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

4. 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.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Does the child have any physical limitations? _____

Please share any learning disability, mental or emotional health issue, language problem or home situation which may affect your child's ability to participate fully in this event: _____

Signature: _____ Date: _____

Youth Code of Conduct:

Students must adhere to the following rules, or parents will be called to immediately pick up their child:

- 1) Students will be polite, respectful and obedient at all times.
- 2) No drugs, alcohol, cigarettes or weapons of any kind are permitted.
- 3) Appropriate dress is required. Students should wear neat, modest and comfortable clothing. No bare midriffs, backless or strapless tops, overly tight or revealing attire will be permitted. Students may not wear clothes featuring inappropriate text or graphics.
- 4) Bad language and inappropriate conversations will not be tolerated.
- 5) CD players/MP3 players/iPods, iPads, computers, and electronic games are to be left at home.
- 6) **CELL PHONES:** Students are encouraged to leave their cell phones at home. Students who wish to bring a cell phone in order to keep a line of communication with their parent/guardian may do so, with the understanding that he/she will only use the phone for this purpose. If a chaperone sees that a student has allowed himself/herself or others to become distracted by a cell phone, the chaperone will confiscate the phone for the duration of the retreat and return it when the students board the bus for the return trip.

Student Signature: _____ Date: _____