

# LUKE 18 – February 15 & 16 – Permission Form

Participants Name \_\_\_\_\_ T-Shirt Size – S \_\_\_ M \_\_\_ L \_\_\_ XL \_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

E-mail address \_\_\_\_\_

Medical Information: Allergies \_\_\_\_\_

Will your child need medication on the retreat \_\_\_\_\_

Prescription Medicine directions \_\_\_\_\_

Physician Name and Phone# \_\_\_\_\_

Special needs \_\_\_\_\_

In case of emergency please notify:

Name and Phone # \_\_\_\_\_

Name and Phone # \_\_\_\_\_

As the guardian of \_\_\_\_\_, In signing this form I hereby state that the information stated in this form is correct and give permission for my child to participate on this retreat. I understand that they will be under the supervision of his/her group leader. I recognize that there are risks inherent in participation in any activity and agree to hold the group leaders, chaperones, and St Patrick harmless from any injury to my child or damage or loss of property. I give permission for photos taken during the retreat to be used in parish and school publications and social media.

I understand that for this retreat there is a zero tolerance policy for the use of any mood altering drugs, foul language, threats or any kind of abuse. There will be zero tolerance for any inappropriate physical contact or once lights out moving out of designated areas in the building. If this occurs you will be contacted to pick up your child.

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Participants Signature \_\_\_\_\_ Date \_\_\_\_\_

I am willing to help with serving and cleaning up meals \_\_\_\_\_

I am willing to be an overnight chaperone \_\_\_\_\_ (will need to arrive at 10:30pm until 8am)

**Please return this form with the \$40 retreat fee by Feb 1<sup>st</sup> to get the size tshirt you ordered!**