

Please have both parent and student sign and return to Cathie Truehl by October 3.

**St. Ann's Parish 2019 Confirmation Class  
2018-2019 Permission for Transportation at Off-Site Event**

Participant Name:	
Street Address:	
City, State, Zip:	
Telephone:	E-Mail:
Parent/Guardian Name:	
Participant's Doctor:	Doctor Phone:
Family Health Insurance:	
Medication(s) to be taken (list with instructions):	
Other Medical Information (allergies, etc.)	
Emergency Contact (other than parent):	
Telephone for Emergency Contact:	

I hereby consent to participation by my son/daughter in the Confirmation Retreat and other events that may be added throughout this school year. Some events will be held at a location other than the church grounds at St. Ann's. Bus or private transportation may be provided. As parent/legal guardian, I remain fully responsible for any actions taken by the named student. I hereby hold harmless St. Ann's Parish, the Diocese of Madison, its officers, directors and agents, and all employees and chaperones associated with these events. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency treatment.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I agree to follow all the rules of these events and will follow all staff requests:

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_