

**Release and Consent Form**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

PARISH: *Our Lady of Victory* CITY/STATE: *Troy, NY* (Please circle) Male Female

**Parent/Guardian (please type or print):**

I, \_\_\_\_\_ [parent ( ), legal guardian ( )], the undersigned, give my permission for my son/daughter to attend *The Confirmation Retreat at Christ the King Spiritual Life Center (575 Burton Road, Greenwich NY), from 10:00- 5:00pm on Saturday, March 9, 2019* and if needed, to be evaluated, diagnosed, treated and/or medicated in accordance with standard medical practice by licensed medical personnel. I relieve the parish of Our Lady of Victory and the leadership personnel of this event of all responsibility and consequences that may arise as the result of this treatment.

I will not hold Our Lady of Victory parish or site leadership personnel responsible in the event of injury or illness. Further I agree to abide by all rules and regulations decided upon by Our Lady of Victory parish and the Roman Catholic Diocese of Albany. I understand that neither the parish nor leadership personnel of Our Lady of Victory will be held liable if my child fails to cooperate with said regulations and that any infractions of the rules may result in immediate dismissal from the event. I further understand that I will be responsible for any costs or other requirements for immediate transportation home or for damages incurred by my child.

\_\_\_\_\_  
Signature of parent or guardian Date

**MEDICAL INFORMATION: Please type or print.  
Use reverse side or attach additional pages, if necessary.**

Allergies \_\_\_\_\_

Required medications (please indicate dosages, frequency, etc.) \_\_\_\_\_

Special medical conditions: \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy carrier \_\_\_\_\_

Policy number \_\_\_\_\_ Date of last tetanus booster \_\_\_\_\_

In case of emergency and I cannot be reached, please notify \_\_\_\_\_

Relationship to youth \_\_\_\_\_ phone # \_\_\_\_\_

I will be away during that period of time, but can be reached at (name, address, phone #) \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian Date

Address \_\_\_\_\_ City \_\_\_\_\_, NY Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**(OVER)**

