

**Holy Trinity Health Release for Confirmation Retreat - Class of 2022**

501 Cherrywood Road - Louisville, KY 40207 - (502) 897-5207

**ATTENTION:**

- **Form Due Date: Oct. 25, 2021 for Holy Trinity Students / Oct. 24, 2021 for GIFT Students**
- **A COPY OF THE FRONT & BACK OF YOUR CHILD'S INSURANCE CARD MUST ACCOMPANY THIS FORM.**
- **This Health Release form and a Retreat Permission Form must be completed and submitted to the Parish Office in order to be eligible to attend the retreat.**

Please **Print** the following as clearly as possible.

Full Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Parent/Guardian Email Address(es): \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Emergency Phone/Contact Name: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ Physician Name: \_\_\_\_\_

Allergies: \_\_\_\_\_ Additional Medical Info: \_\_\_\_\_

My child may receive Ibuprofen or Acetaminophen (dose as directed on product packaging): circle one - YES NO

Permission to use my child's photograph(s) in Parish publications and/or on the website: circle one - YES NO

I \_\_\_\_\_ parent/guardian give my child, \_\_\_\_\_, permission to participate in the Confirmation Retreat, sponsored by Holy Trinity Parish. I further give my permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while participating in sponsored activity. In consideration of permitting my child to attend and/or participate, I do hereby, for myself and my child waive and release any and all claims that I might have against the Director of Religious Education, Director of Youth Ministry, Holy Trinity Parish and any designated leader for any and all injuries or losses suffered by said child while engaged in sponsored activities. If my child requires emergency medical attention, I hereby give permission to the adult leader in charge to authorize treatment for my child as named herein.

**Note:** Transportation is not provided to/from the retreat. Transportation of participants will only take place as a component of an emergency situation at the location/vicinity, as determined by local authorities/government officials.

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

**Return completed form, along with a copy of your child's insurance card (Front & Back) to Jill Greer in the Holy Trinity Parish Office by due date listed above.**