

Holy Trinity Health Release for Confirmation Retreat - 2020

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

ATTENTION

- This completed form is **DUE IN THE PARISH OFFICE** by:
 September 29, 2019 for GIFT & Sacred Heart Students
 September 30, 2019 for Holy Trinity Students
- A **copy of your child's insurance card (front & back) MUST BE TURNED IN** with 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: _____

School youth attends: _____ Grade: _____

Parent/Guardian Names: _____

Parent/Guardian Email Address(es): _____

Home Address: _____ City: _____

State: _____ Zip: _____ Emergency Phone/Contact Name: _____

Alternate Phone: _____ Alternate Phone: _____

Physician Name: _____ Food Allergies: _____


Other 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.**