

St. Rose of Lima High School Delayed Sacraments Confirmation Retreat
Parental Consent Form

*Participant's Name: _____

*Birthdate: _____ *Gender: _____

*Parent/Guardian's name: _____

*Home address: _____

*Parent phone: _____ *Alternate phone: _____

I, grant permission for my child, * _____
(Confirmand's name)

to participate in the 2022 High School Delayed Sacraments Confirmation Retreat. I understand that this is a required activity for preparing for the Sacrament of Confirmation. The Retreat will take place under the guidance and direction of parish employees and/or volunteers from **St. Rose of Lima Parish**.

A brief description of the event follows:

Type of event: **High School Delayed Sacraments Confirmation Retreat**

Date of event: **January 29, 2022**

Location of event: **St. Rose of Lima School and Church (for check-in and then for Mass at the end of the retreat) and the Carmel Center in Liberty, TN (in afternoon)**

Mode of transportation to and from event: **school bus provided by Parish**

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend, its officers, directors, employees of St. Rose of Lima Parish and agents, and the Diocese of Nashville, and the ArchDiocese of Louisville, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Nashville, ArchDiocese of Louisville, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish /diocese.

*Signature: _____ *Date: _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

(of the following statements pertaining to medical matters, sign only those that are applicable)

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

*Name & relationship: _____

*Phone: _____ *Family Physician _____

*Phone: _____ *Medical Insurance Carrier: _____

*Policy #: _____

*Signature: _____ *Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of Nashville/ArchDiocese of Louisville, chaperons, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called on the number provided above.

*Signature: _____ *Date: _____

Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

*Signature: _____ *Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

*Signature: _____ *Date: _____

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

*Signature: _____ *Date: _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence.

*Allergic reactions (medications, foods, plants, insects, etc.):

*Immunizations: Date of last tetanus/diphtheria immunization:

*Does child have a medically prescribed diet? (if yes, describe in detail)

*Any physical limitations? (if yes, describe in detail)

*Has child recently been exposed to contagious disease or conditions?

*You should be aware of these special medical conditions of my child:

