

**PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER
CONFIRMATION RETREAT: October 7-9 @ Prairie Star Ranch**

****Please complete and turn in with Confirmation forms/payment (\$150) to the Parish Office by September 18, 2016****

Name of student _____ Grade _____

Street Address _____

Date of Birth _____ Cell Phone _____

Is this participant in general good health and able to participate in general activities?

Yes ___ No ___

If not, please indicate special circumstances and situations here:

Name of family physician or clinic _____ Phone _____

Medications: If your son/daughter is presently taking any prescription medications please list them and provide directions for frequency and dosage:

If your son or daughter will be bringing any over the counter medications, please list them:

Please list any special dietary needs for your child:

Does your child have any other limitations or needs (learning styles, family situations, custody arrangements, etc.) that we need to be aware of? If yes, please describe:

PLEASE NOTE THAT *THREE SIGNATURES ARE REQUIRED ON THIS PAGE*

In signing this health form, I hereby certify that the above information is correct and give permission for the release of medical records to an attending physician in case of illness. In case of medical emergency, I understand that every effort will be made to contact parent(s) or guardian(s) of participants. In the event that I cannot be reached, I hereby give permission to the physician selected by the St. John the Evangelist staff to hospitalize and/or secure proper treatment, as named herein.

#1 Signature of Parent/Guardian _____

Date _____

Phone numbers you may reach me at during the Confirmation Retreat: _____

Emergency contact in case you cannot reach me: _____

Phone Number: _____

I request that my child, _____, be allowed to participate in the St. John the Evangelist Confirmation Retreat and be transported to and from Prairie Star Ranch. I hereby release and indemnify the Archdiocese of Kansas City in Kansas, the St. John the Evangelist staff, and any volunteers from any liability arising from claims of any kind or nature, unless caused by the negligence or fault of those being released, from my child's participation in this program.

#2 Signature of Parent/Guardian _____

Date _____

#3 (sign ONE option below)

A) My child may be given over-the-counter medication, such as Tylenol, Advil, Tums, Pepto-Bismol, etc., on an as needed basis. Exceptions:

Signature of Parent/Guardian _____

Date _____

B) No Medication of any type may be given to my child unless the situation is life threatening and emergency treatment is required.

Signature of Parent/Guardian _____

Date _____