

Student Name _____

***St. Ignatius College Preparatory
Department of Campus Ministry Retreat Program
Medical and Transportation Release Form***

The Undersigned, who is parent or legal guardian of **(please print name of student)**

_____, a minor, hereby authorizes and consents to the participation of said minor in this Kairos retreat and give him/her permission to make use of the bus, or car transportation supplied by St. Ignatius College Preparatory to and from the retreat center, and to sleep over at the center for three nights.

The Undersigned authorizes any retreat director consent, in the case of any accident or illness, to any treatment of the above Minor by a licensed physician and/or surgeon and/or dentist, or any hospitalization necessary, and/or to provide first aid - - - all in case of an emergency- - - when the parents, step-parents or legal guardian are not readily available. The Undersigned further agrees to pay any and all costs associated with treatment not covered by insurance.

Student's Date of Birth _____

Medical Insurance Company _____ Policy _____

Physician's Name _____ Telephone _____

To which hospital should we take him/her? (Check One)

Stanford, Palo Alto _____ Kaiser, Redwood City _____ Nearest _____

Known drug or Food Allergies _____

Last Tetanus Shot: Current: _____ Don't Know: _____

Any Medication currently being taken _____

Time and Dosage of medication _____

Any Special Diet Needs: _____

Local Emergency Contact Person: _____

His/hers Home Telephone: _____ Cell Telephone: _____

Parent/Guardian Signature: _____

Parent Guardian Printed Name: _____

Home Telephone: _____ Cell Telephone: _____