

**ST. NORBERT CONFIRMATION RETREAT**  
**Saturday February 6, 2016 9AM-3PM**  
**PARENTAL PERMISSION & RELEASE FORM**

*Please complete and return this form on or by January 10, 2016*

My child, \_\_\_\_\_, has my permission to attend the Confirmation retreat at St. Norbert Parish.

**(Event/Activity) St. Norbert Confirmation Retreat**

**(Place) St. Norbert Church**

**(Date) February 6, 2016**

**(Arrival time) 9:00AM    (Pick up time) 3:00PM**

I hereby agree to indemnify and hold harmless St. Norbert Catholic Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability. I accept responsibility for any medical expenses as a result of any such injury sustained.

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Parent or Guardian Signature

Date

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**PLEASE FILL OUT BOTH SIDES**

**CONFIRMATION RETREAT 2016**  
**MEDICAL INFORMATION & LIABILITY RELEASE**

**Please print and complete all areas in regard to your child.**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
                    *First*                    *Initial*                    *Last*  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
                    *Street*                    *City*  
\_\_\_\_\_  
                    *State*                    *Zip*

**EMERGENCY TELEPHONE NUMBERS:**

Phone numbers where our ministry leader can reach a parent or an emergency contact for the child named above during scheduled events.

Parent/Legal Guardian: Cell \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

**MEDICAL INSURANCE CARRIER:**

Parent/Guardian's Insurance Group Name \_\_\_\_\_

Insurance Group Number \_\_\_\_\_

**MEDICAL INFORMATION:**

- Family physician's Name \_\_\_\_\_ Phone \_\_\_\_\_
- Allergies, conditions, dietary restriction, special needs, medical concerns of which we should be aware:  
Food \_\_\_\_\_ Drug \_\_\_\_\_  
Animal \_\_\_\_\_ Other \_\_\_\_\_
- My child requires the following medicine: \_\_\_\_\_ Frequency \_\_\_\_\_

In case of Medical Emergency I understand that in the event that medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless St. Norbert Catholic Church, the Archdiocese of Philadelphia and its officers, employees, and volunteer staff from any liability.

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Parent or Guardian Signature

Date