

Permission Form – Love Your Selfie Girl’s Retreat
PARENT / LEGAL GUARDIAN PERMISSION SLIP
(Please Print) This form must be turned in by January 18th, 2015.

Participant’s Name _____

Address _____ City _____ Zip _____

Phone _____ Email _____

School _____ Grade in school _____

Dear Parent or Legal Guardian:

Love Your Selfie is a youth ministry event open to all junior high girls in grades 6-8. It will take place on **Sunday, January 18th** beginning at **6:00pm** through **Monday, January 19th** ending at **12:30pm** in the Founders Room at SS Peter and Paul Church, Williamsville. The Ss. Peter and Paul youth minister along with two other female adult chaperone volunteers will be present for the entire retreat. A portion of the retreat will also be facilitated by 3-5 female Senior High School Youth. Snacks will be served throughout the retreat, and breakfast will be served on Monday morning. Girls are encouraged to bring two (or more) new personal care items that can be donated and used for a service project during the retreat. Examples of items include shampoo, conditioner, soaps, hairbrushes, etc... Information about the content of the retreat can be found on our website and also the event flyer. If you give permission for your child to participate in this event, please complete, sign and return the following statement of consent and release of liability.

Is this participant in general good health and able to participate in normal activities? YES _____ NO _____
If NO, please explain limitations in the space below. (Also include any chronic conditions i.e. diabetes, physical or emotional disabilities, etc.) _____

Is this participant taking any prescribed or over-the-counter medications? YES _____ NO _____
(If yes, please provide list with medication name and instructions along with a written authorization to administer medication to your child)

List any allergies (environmental, Seasonal, Food): _____

I give my daughter permission to participate in the Love Your Selfie Retreat event on Sunday, January 18th – Monday, January 19th, 2015. I have familiarized myself with the details of this event and recognize that there are risks in my child’s presence and participation of this event. I agree to indemnify, hold harmless, waive and relinquish all claims I may have against SS Peter and Paul Church and remain fully responsible for any legal responsibility which may result from actions taken by my child during this event. In case of a medical emergency, I understand that every effort will be made to contact the parents or guardians of participants. In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of emergency medical treatment by any license physician or dentist and to transport my child to any reasonably accessible hospital facility.

PARENT/GUARDIAN SIGNATURE _____ Date _____

PRINT PARENT/GUARDIAN NAME: _____

Phone Number in case of Emergency: _____

This form may be mailed in prior to the retreat, emailed to jcaya@ssppym.org, OR may be brought to the retreat on January 18th. However, you must **sign-up** to attend by contacting Jacquie Caya no later than **January 12th, 2015!**
See flyer for details on how to sign up!