

# OMC RETREAT RELEASE FORM

I, the parent/guardian of \_\_\_\_\_, give my permission for my son/daughter to attend the “**Unfailing Love**” Retreat sponsored by Our Mother of Confidence Youth Ministry on March 17<sup>th</sup>-19<sup>th</sup>, 2017.

In addition, I agree to not hold the Diocese of San Diego or agent(s) of Our Mother of Confidence Youth Ministry responsible for any injury that might be incurred by my son/daughter during this Retreat, March 17<sup>th</sup>-19<sup>th</sup>, 2017.

If any injury should occur, I give my permission for my son/daughter to receive emergency medical treatment by a licensed doctor at a licensed hospital if I cannot be reached by telephone.

\_\_\_\_\_  
(Youth Candidate’s signature) (date)

\_\_\_\_\_  
(Parent’s / Guardian’s signature) (Parent’s / Guardian’s name printed)

Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Emergency contact’s relationship to youth: \_\_\_\_\_

Insurance Carrier and Policy # \_\_\_\_\_

My son/daughter is allergic to the following medications or food (please include special dietary needs): \_\_\_\_\_

My son/daughter takes the following medications: \_\_\_\_\_

Youth’s cell phone # (\_\_\_\_) \_\_\_\_\_

**THIS FORM MUST BE COMPLETED BEFORE BEING ALLOWED TO ATTEND THE RETREAT.**