

OMC RETREAT RELEASE FORM

I, the parent/guardian of _____, give my permission for my son/daughter to attend the “Your Love Is Enduring” Retreat sponsored by Our Mother of Confidence Youth Ministry on March 9th - 11th, 2018.

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 9th - 11th, 2018.

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.