

ADULT - PERMISSION/MEDICAL RELEASE FORM

Event: Journey Retreat 2010

Date(s): Nov. 5-7, 2010

Location: St. Dominic Academy
Auburn, ME

Name of Adult Participant: _____

Section below is to be completed by Group Leader- all participants **must** have a complete form upon arrival to the event.

ARRANGEMENTS FOR PARISH PARTICIPANT TRANSPORTATION:

Time and Place of Departure		
Time and Place of Return		
Mode of Transportation		
"Adult In-Charge" at event		
Driver for this Event: Yes <input type="checkbox"/> No <input type="checkbox"/>	Driver's Proof of Insurance: Verified <input type="checkbox"/>	
NEED TO BRING:		
PARISH:	CITY/TOWN:	

I, _____, the undersigned, request permission to attend the Journey Retreat 2010 from Nov. 5-7, 2010 to be held at St. Dominic Academy in Auburn and if needed, to be evaluated, diagnosed, treated/medicated in accordance with standard medical practice by licensed medical personnel. I relieve the Diocese of all responsibility and consequences that may arise because of this treatment.

I will not hold the Diocese, chaperones, or representatives associated with the Journey Retreat 2010 responsible in the event of injury. Further, I agree to accept any and all financial responsibility because of scheduling such treatment.

I agree to abide by and enforce all the rules and regulations as outlined in the Code of Behavior. I understand that the Diocese will not be held liable if I fail to cooperate with said regulations and that, any infractions of the rules may result in immediate dismissal from the Journey Retreat 2010. I will be responsible for any costs or other requirements for immediate transportation home for me.

As a member of my Diocese, I understand and agree to the Rules and Guidelines. I also agree to attend the adult information meeting(s) and abide by all rules of the Diocese for this event.

MEDICAL INFORMATION:

Name:	Phone:
Address:	Date of Birth:
Physician's Name:	Physician's Phone #:
Insurance Carrier:	Policy #:
List any allergies or pertinent medical information:	
List any medication currently being taken:	
Date of last tetanus:	Other:

In case of an emergency please contact:

Name: _____ Phone: _____ Relationship: _____

Signature	Date:
-----------	-------

Note to Group Leaders: Make a copy of all originals and bring both sets of forms with you to the event. One set will be left with the Diocesan staff and the other should be with the Group Leader throughout the weekend.