

# YOUTH - PERMISSION MEDICAL RELEASE FORM

Event: Journey Retreat 2010

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

Location: St. Dominic Academy,  
Auburn, ME

Name of Youth 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	
"Group Leader" at event	
NEED TO BRING:	
PARISH:	CITY/TOWN:

## PARENT:

I, \_\_\_\_\_, the undersigned, request permission for my son/daughter

Parent ( )      Legal Guardian ( )

to attend the Journey Retreat 2010 to be held at St. Dominic Academy in Auburn, ME. I understand this event will take place under the guidance and supervision of responsible employees/volunteers from the Diocesan Office of Lifelong Faith Formation and if needed, give permission for my child 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 care.

My son/daughter agrees to abide by all the rules as outlined in the Code of Behavior. The Diocese will not be liable if my son/daughter fails to cooperate with said Rules and any infractions may result in immediate dismissal from the Journey Retreat 2010. I will accept responsibility for costs for immediate transportation home. I understand that I am legally responsible for the behavior of my son/daughter. During this entire event, I may be reached at the following:

Location:	Phone:
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If I cannot be reached at the above number please contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

## 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:

**\*\*If I cannot be reached in case of an emergency I give permission for the Parish "Group Leader" to act on my behalf.**

Signature of parent/guardian:	Date:
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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 event.