

Parental/Guardian Permission and Health History form for
Teens Encounter Church and Christ Retreat

(Print)

Participant's Name _____ Sex _____ Birthdate ___/___/___ Age _____
Parish _____ City _____ Grade Level _____

Parent/Guardian _____
Address _____ City _____ Zip _____
Phone _____

I, _____, grant permission for my child _____
(parent/guardian) (child's full name)
to travel to and participate in **Teens Encounter Church and Christ retreat Friday, August 6, 7th, & 8th 2010, through Sunday. @ Our Lady of Corpus Christi.**

Signature _____ Date _____

In an **EMERGENCY**, if unable to reach parent/guardian, contact:
Name _____ Phone _____

Name _____ Phone _____

Family Doctor _____ Phone _____

Special Information – All information will be held in strict confidence.

Allergic Reaction (plant, insect, food, medicines) _____

List Allergies _____ Type of Reaction _____

Does child require a medically prescribed diet? _____ If yes, explain _____

Any physical limitations? _____ If yes, explain _____

Other information or directions from parent/guardian _____

You will be notified if your child requires medical treatment, i.e., cases of high or persistent fever, severe vomiting, etc. Please indicate if you would like to be called COLLECT (charges reversed to yourself) if your child becomes ill with any minor symptoms such as headache, vomiting, diarrhea, sore throat, or low-grade fever, etc.
Yes _____ No _____

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We do not wish to give any medical treatment to your son/daughter against your wishes or family practice. Please read each of the following statements carefully and sign only those in accord with your wishes:

Is your child taking medications at present? All medications must be well labeled and clear, concise directions indicated here _____

Parent/Guardian signature (required for dispensing any medication)
Signature _____ Date _____

I grant permission for non-prescription medications (e.g. Tylenol, throat lozenges, cough syrup) and routine non-surgical medical care to be given to my child if deemed advisable by personnel supervising the field trip.
Signature _____ Date _____

I do not want ANY type of medication administered to my child unless the situation is life-threatening and emergency treatment is required.
Signature _____ Date _____

IN CASE OF AN EMERGENCY, I hereby give permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.
Signature _____ Date _____

We understand that this event will take place away from the parish grounds and that our child will be under the supervision of the designated school/parish/diocesan staff member on the stated dates. It is understood that we, the parents or legal guardians of child, will assume all liability for injury, including death, to the child, which result from accidents or occurrences during the event. We also agree to protect, indemnify, save, and hold harmless the Diocese of Corpus Christi, and parish, and their officers, directors, and employees from all damage, claims, suits, expenses and payment on account of or resulting from conditions stated on or resulting from any such injury, death, or damage to property, including resulting from the negligence of the Diocese of Corpus Christi, and parish, and/or their officers, directors, and employees.

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.

Legal Guardian Signature

Date