

# SPIRIT QUEST

## Confirmation Retreat Permission Form Saint Vincent's School for Boys, San Rafael November 5, 2016 10:00am - 5:00pm

Participant's Name \_\_\_\_\_  
Phone \_\_\_\_\_

Address/City/Zip \_\_\_\_\_

Mother: \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Father: \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Note: For legal and insurance purposes, parents are required to give permission for their children to participate in church-sponsored activities.

### PARENTAL PERMISSION FOR ATTENDANCE AND FOR EMERGENCY TREATMENT

I/We understand that my/our children will be under supervision at all times. Participants, or parents of children participating in the church-sponsored activities covered by church insurance are financially responsible for medical, hospital and pharmaceutical expenses above the amount paid by the insurance company for any injury or illness sustained in activities sponsored by the church. In the event of illness or accident, I give my permission for emergency treatment by qualified medical personnel for my children.

Parent or Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Activity: CONFIRMATION RETREAT      Date: November 5, 2016**

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Dentist: \_\_\_\_\_  
Phone: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Insurance ID Number: \_\_\_\_\_

**If parents cannot be reached in an emergency, please notify the following: (We require 2 contacts)**

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

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