

**ST. PATRICK'S CATHOLIC CHURCH  
CONFIRMATION RETREAT  
At St. Mary's Catholic Church in Taylor  
PARENTAL PERMISSIONS AND MEDICAL RELEASE FORM**

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Student's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Contact e-mail \_\_\_\_\_ Sex (circle) M F Parish \_\_\_\_\_

Release made \_\_\_\_\_ by \_\_\_\_\_  
(Date) (PRINT parent/guardian name)

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone: H: \_\_\_\_\_ C: \_\_\_\_\_

Description of Activity: **Confirmation Retreat March 25 & 26, 2017**

As (mother – father/ legal guardian) of (student's name) \_\_\_\_\_, I hereby release and discharge the Diocese of Austin, St. Patrick's Catholic Church in Hutto, and adult volunteers from all claims, demands, or actions, or personal injuries known or unknown caused by or arising out of the above described retreat. I further authorize a representative of St. Patrick's Church to consent to medical treatment of the above named student in the event of an emergency on the trip. I, the undersigned, have read this Release and Consent to Medical Treatment and understand all its terms and conditions. I execute it voluntarily and with full knowledge of its significance.

Signature of Parent/Legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Number (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

Allergies or Special Conditions \_\_\_\_\_

Special Dietary Needs \_\_\_\_\_

Name of Insurance \_\_\_\_\_ Policy # \_\_\_\_\_ Cardholder's Birthday \_\_\_/\_\_\_/\_\_\_

**PLEASE CHOOSE ONE**

\*I do not want any medication give to my teen (parent/ legal guardian signature) \_\_\_\_\_

\*St. Patrick's representatives have my permission to give my teen

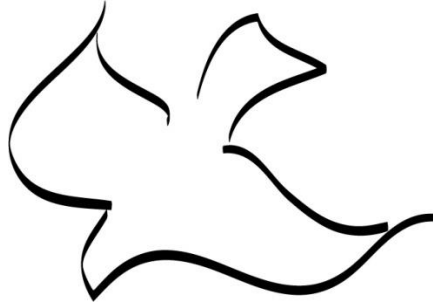
\_\_\_\_\_ aspirin \_\_\_\_\_ ibuprofen \_\_\_\_\_ acetaminophen (as directed on label)

**Parent/Legal guardian signature X** \_\_\_\_\_

**TEEN CREED:** Knowing that this event is to grow together in God's Love, I pledge to respect all leaders, volunteers, peers, and guests and observe all guidelines set by the Diocese of Austin Confirmation Group Leaders. Therefore, I will not bring or do anything intoxicating, illegal, indecent, improper or immoral. I will fully participate in all activities and encourage and welcome my peers to participate with me. I understand that if I stray from my pledge, my parent(s) may be called to pick me up at their expense. **Each teen MUST sign this!**

\_\_\_\_\_  
Teen's Signature Age Date

# ST. PATRICK'S CONFIRMATION RETREAT 2017



**WHERE:** *St. Mary's Catholic Church- Taylor*

**WHEN:** *March 25 and 26, 2017*

Saturday 8 a.m. – 9 p.m.

Sunday 8 a.m. – 1 p.m.

**DEADLINE:** Forms are due no later than 2-20-2017

**COST: \$50** Includes a faith filled experience and t-shirt.

**CHECK-IN:** Teens will need to check in with Mrs. Matzen by 7:30a.m. each morning at St. Mary's.

**NO cell phones or electronic devices will be allowed at the retreat. If there is an emergency the phone number parents can call is 512-657-5243.**

T-Shirt Size (circle)   S   M   L   XL   XXL

Participant's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_