**Saint Maria Goretti**

**Confirmation Retreat**

**Permission and release Form**

I (We) as parent (s) or legal guardian (s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ give permission to

**(Students Name)**

participate in the Confirmation retreat at John Paul II High School, Royersford, Pa. on February 25, 2017. I understand that I will provide transportation for my child or my child will travel to and from the event via busses provided by the parish through First Student Bus Company. This permission includes all related programs or events associated with this retreat. In consideration for my (our) child’s participation I (we) agree and understand that we assume the risks inherent with this retreat, and with full knowledge of said risks, I (we) agree to release and hold harmless Saint Maria Goretti and the Archdiocese of Philadelphia and their employees and representatives, from claims arising from or related to my (our) child’s participation. My (Our) child understands and agrees to abide by all rules and regulations established by Saint Maria Goretti pertaining to this retreat.

I (We) have spoken to with my (our) child about his/her responsibility to act appropriately at all times.

I (We) consent to and give permission for emergency medical care for my (our) child that may needed as a result of our child’s participation.

**Name of Medical Insurance Coverage:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Policy Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Plan/group:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other pertinent medical information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signed permission form must be returned to the parish center by February 17, 2017**

**Busses will leave SMG at 11:00 AM and will return at approximately 6:00 PM**