

Participant's Name _____ Today's Date _____

Date of Birth _____ E-mail _____ Year of HS Graduation _____

Parents/Guardian: (Mr. & Mrs.)(Mr.)(Ms.)(Mrs.) circle one First _____ Spouse _____ Last _____

Home Address _____ City _____ State _____ Zip _____

Parents Home Phone # (_____) _____ Parents Work Phone # (_____) _____

Parents Cell Phone # (_____) _____ Parents Other # (_____) _____

Parent's Address if different than Participants: First _____ Last _____

Address _____ City _____ State _____ Zip _____

Special Needs: _____

Travel information: ___ I will travel by car: I will be ___ dropped off, ___ will drive myself, or ___ will come with Sisters.
___ I will travel by plane and will need to be picked up. Flight Information: _____

LIABILITY RELEASE

- ❖ I give permission to my above named daughter to attend this Veni Si Amas Retreat.
- ❖ As parent or legal guardian, I remain fully responsible and liable for any claims brought against The Sisters of St. Francis of the Martyr St. George, which may result from any action taken by my child.

Parent Signature: _____ **Date:** _____

MEDICAL HISTORY PLEASE HAVE YOUR INSURANCE CARD WITH YOU AT ALL TIMES

Allergies: _____

Current Medications: _____

Medical History: _____

EMERGENCY MEDICAL TREATMENT:

- ❖ In the event of an emergency, I hereby give permission to the Sisters of St. Francis of the Martyr St. George to transport my child to a hospital to receive emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.
- ❖ I relieve The Sisters of St. Francis of the Martyr St. George of all responsibility and consequences that may arise as a result of this treatment. I will not hold The Sisters of St. Francis of the Martyr St. George liable in the event of injury. Further, I agree to accept any and all financial responsibility as a result of medical treatment.
- ❖ I hereby give permission to the Sisters of St. Francis of the Martyr St. George to use any photographs taken of my child in print and on their website for promotional purposes.

Parent Signature: _____ **Date:** _____

I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough drops) to be given to my child, if deemed advisable by the Sisters of St. Francis of the Martyr St. George.

Parent Signature: _____ **Date:** _____

In the event it comes to the attention of the Sisters of St. Francis of the Martyr St. George that my child becomes ill with symptoms such as severe headache, vomiting, fever, diarrhea, I want to be called.

Parent Signature: _____ **Phone:** _____

In the event of an emergency, if you are unable to reach me at the above number, contact:

Name: _____

Relationship: _____ Telephone: # (_____) _____