



St. Patrick Catholic Community
Fall Retreat: November 4-6, 2011

PERMISSION / MEDICAL RELEASE

Every person who participates in the following listed events must fill out & turn in this form.

Family Name _____

Participant Name(s) _____ T-shirt size(s): _____

Parent's Cell Phone: _____ Teen's Cell Phone: _____

The above named person(s) is/are permitted to participate in the St. Patrick Life Teen:

Fall Retreat: November 4-6, 2011 in Prescott, AZ
COST= \$160

I/we understand that reasonable precaution will be taken to safeguard the health and safety of the participant(s) and that the designated emergency contact person will be notified as soon as possible in case of emergency. In the event of any sickness or accident, person(s) will not hold St. Patrick Catholic Church, The Diocese of Phoenix, any volunteer, chaperone, or driver responsible. I/we authorize and consent that emergency treatment be rendered under the general or specific supervision and on the advice of any physician, dentist, or surgeon; licensed to practice in the State of Arizona or any other state. The undersigned understand(s) and agrees that any medical, dental, or hospital expense incurred shall be at their own expense. The undersigned understand(s) every effort will be made to notify the emergency contact in the event that treatment is necessary.

Parent / Guardian Signature

Date

Insurance Carrier _____ Group # _____

Do you give permission for Tylenol to be dispensed if requested by minor(s) YES - NO

Please list any known allergies, health problems, or current medications:

I/WE CANNOT BE REACHED IN THE EVENT OF AN EMERGENCY, THE FOLLOWING PERSON(S) IS/ARE AUTHORIZED TO ACT ON MY/OUR BEHALF:

Name: _____ Phone: _____

Cell Phone: _____

Relationship to participant(s): _____