

Permission Slip & Medical Release / Information

I/ We, the parent(s) / guardian(s) of _____, request that Immaculate Conception Parish and the Diocese of Springfield-Cape Girardeau allow my/our son/daughter to participate in the following activity:

CONFIRMATION RETREAT – Friday, April 21st through Sunday, April 23rd, 2017

Fun in the Sun Ministries Camp Table Rock
2079 Peninsula Drive
Shell Knob, MO 65747
(417) 858-9222
E-mail: funson@funson.com
Website: <http://www.camptablerock.com/>

I/We understand that the Diocese of Springfield – Cape Girardeau is providing transportation of its participants. I / We hereby release Immaculate Conception Parish and the Diocese of Springfield – Cape Girardeau, as well as any and all volunteers and employees from any liability for any accidental harm arising to my son/daughter as a result of this retreat.

Today's Date: _____

Signed (parent/guardian) _____ Emergency #'s _____

Signed (parent/guardian) _____ Emergency #'s _____

Extra Emergency Contact: _____ Emergency #'s _____

I/We further authorize emergency medical treatment for my/our son/daughter should the need arise while on this trip. (Please list any medication or special medical condition that medical personnel may need to know in case of an emergency.)

Medication: _____

Medical Conditions/Allergies: _____

Insurance Name and #: _____

Today's Date: _____

Signed (parent / guardian): _____

Signed (parent / guardian): _____

ALL PARTICIPANTS MUST HAVE THEIR INSURANCE CARD OR A COPY OF THEIR INSURANCE INFORMATION ON THEIR PERSON DURING THIS TIME!