

**Confirmation/Youth Retreat
Medical Information & Parent/Guardian Consent Form**

PARTICIPANT: _____	Consent and Emergency Information:
PARENT/GUARDIAN _____	Primary Emergency Contact _____
ADDRESS: _____	Secondary Contact _____
CITY, STATE: _____	_____ <small>Connection to Participant Home Phone Cell or Work Phone</small>
ZIP _____ HOME TELEPHONE: _____	Doctor _____
BIRTH DATE: _____	Phone _____
FATHER WORK: _____ CELL _____	Medical Insurance Company _____
MOTHER WORK: _____ CELL _____	Policy Number _____
	Phone _____
As the parent/guardian of the above named participant, I grant permission for him/her to take part in this retreat.	Date of participant's last Tetanus shot _____
	If needed, participant allowed aspirin, Tylenol, etc.? _____
I realize the nature and extent of these activities and represent to you that the participant is physically and mentally able to join in these activities.	Other medication _____

While youth adult leaders strive to maintain a safe environment, I realize that accidents can happen and have instructed the participant to follow common sense safety, i.e. fastening their seatbelts etc, and that they will be responsible for their actions.	Comments: _____

I hereby appoint youth adult leaders as my agent and representative for the purpose of authorizing and consenting to hospital and/or medical care and treatment as necessary for the health and well being of the participant while they are attending any youth activities.	
	Parent/Guardian Signature _____
	Relationship to Minor _____
	Witness of Signature _____
	Witness Name (Printed) _____
	E-MAIL _____