

**ARCHDIOCESE OF BOSTON**  
**Confirmation Retreat at Craigville Retreat Center, Craigville, MA**  
**March 16-17, 2019**  
**Parent/Guardian Permission Form**  
**Original Signed Form Due Friday, February 15**

Name of Participant \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Parish Sacred Heart, Newton

**INSURANCE INFORMATION**

Family Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician or Clinic \_\_\_\_\_ Phone \_\_\_\_\_

**PARENT/LEGAL GUARDIAN RELEASE**

In signing this form, I hereby certify that the above information is correct and give permission for my child/ward to be transported to and from this activity. I give permission for the release of medical records to an attending physician in case of injury or illness.

In the case of medical emergency, I understand that every effort will be made to contact the parent(s) or guardian of my child/ward. In the event I cannot be reached, I hereby give permission to the physician attending my child/ward to hospitalize and secure proper and necessary treatment for my child/ward, as named herein.

I hereby agree that no liability is assumed by the Archdiocese of Boston, the Office of Lifelong Faith Formation and Parish Support, Our Lady Help of Christians Parish, Sacred Heart Parish, or any employee or volunteer from any and all claims or liability which may arise out of participation in this activity.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone (s) \_\_\_\_\_

Emergency Contact (Non-Parent) \_\_\_\_\_

---

Any Food Allergies or Medical Conditions/Needs \_\_\_\_\_

ONE friend (same sex) you'd like to room with \_\_\_\_\_