



PARENTAL CONSENT AND EMERGENCY MEDICAL RELEASE FORM

Spring Retreat will be held at Saint Michael's Parish Hall on Saturday March 6, 2021, from 9AM to the 5PM vigil mass. Please join us at mass, and for an ice cream social after mass to conclude the retreat. The cost of the retreat is \$25- which includes Chick-fil-a lunch and a t-shirt. Forms and checks are due Friday, February 26. Checks made payable to Saint Michael Catholic Church.

I/We, the parent(s)/guardian(s) of _____ do hereby give my/our permission and approval for my/our son/daughter/guardianship to participate on the *(Spring Retreat)* on March 6, 2021 with the *(Saint Michael the Archangel)* Youth Group.

I/ We do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone this event, other participants, *(Saint Michael the Archangel)*, the Catholic Archdiocese of Atlanta, _____ and any of the above named parties' representatives, successors, supervisors, sponsors, and/or organizers, for any injuries and/or illness (COVID) in connection with the outing / event(s) named above provided that said injuries are not the result of negligence. I/We hereby grant permission for publication of group (two or more persons) photos taken at youth events.

I/We also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I/We understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

I also agree that I am legally responsible for all/any personal actions taken by my child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my responsibility.

Name of Student: _____ Date of Birth: _____

Address: _____ T-Shirt Size _____

Home phone #: _____

Please list any special considerations we need to be aware of (i.e.: allergies, medical conditions, limitations, etc...)

Medications: My child is taking the following medication(s):

Description _____ Dosage _____

Description _____ Dosage _____

(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS, PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.)

_____ By parent or guardian initialing here, permission is granted for non-prescription medications to be given, if deemed appropriate by adult chaperone(s).

Requested information on both sides of this form MUST be filled in completely in order for the student to participate in this event



Father/Guardian's full name: _____
Phone #: _____ Cell # _____
Home address (if different): _____

Mother/Guardian's full name: _____
Phone #: _____ Cell # _____
Home address (if different): _____

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:
Name & Relationship: _____
Phone #: _____

Insurance Carrier: _____
Insurance Policy Number: _____
Insurance is provided by which parent and/or place of employment? _____
Address and Phone Number of Company: _____

Please photocopy insurance card that is to be used and attach it to this form

Parent/Guardian signature: _____ Date: _____

Printed Name: _____ Relationship: _____

Name of Parish: St. Michael the Archangel Catholic Church Name of Youth Minister: Tricia St. Peter

In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.

Participant's Signature: _____ Date: _____

In signing the above line, I agree to abide by any / all policies and rules established for this event / activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Basic rules / expectations include, but are not limited to, the following: Following all COVID guidelines; respect for all adult leaders, peers, and all property; NO illegal drugs, alcohol, underage smoking, firearms, explosives, or other illegal substances;

Males and females are to remain in separate sleeping spaces at all times; No inappropriate physical / sexual activity; Appropriate attire is to be worn at all times. Other guidelines may be set forth accordingly by adult chaperones present for the event(s).



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Printed Name: _____ Relationship: _____

Name of Parish: St. Michael the Archangel Catholic Church Name of Youth Minister: Tricia St. Peter

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Name of Student: _____ Date of Birth: _____

Address: _____ T-Shirt Size _____

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PARENTAL CONSENT AND EMERGENCY MEDICAL RELEASE FORM

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I/We, the parent(s)/guardian(s) of _____ do hereby give my/our permission and approval for my/our son/daughter/guardianship to participate on the *(Spring Retreat)* on March 6, 2021 with the *(Saint Michael the Archangel)* Youth Group.

I/ We do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone this event, other participants, *(Saint Michael the Archangel)*, the Catholic Archdiocese of Atlanta, _____ and any of the above named parties' representatives, successors, supervisors, sponsors, and/or organizers, for any injuries and/or illness (COVID) in connection with the outing / event(s) named above provided that said injuries are not the result of negligence. I/We hereby grant permission for publication of group (two or more persons) photos taken at youth events.

I/We also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I/We understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

I also agree that I am legally responsible for all/any personal actions taken by my child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my responsibility.

Name of Student: _____ Date of Birth: _____

Address: _____ T-Shirt Size _____

Home phone #: _____

Please list any special considerations we need to be aware of (i.e.: allergies, medical conditions, limitations, etc...)

Medications: My child is taking the following medication(s):

Description _____ Dosage _____

Description _____ Dosage _____

(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS, PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.)

_____By parent or guardian initialing here, permission is granted for non-prescription medications to be given, if deemed appropriate by adult chaperone(s).

Requested information on both sides of this form MUST be filled in completely in order for the student to participate in this event



Father/Guardian's full name: _____
Phone #: _____ Cell # _____
Home address (if different): _____

Mother/Guardian's full name: _____
Phone #: _____ Cell # _____
Home address (if different): _____

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:
Name & Relationship: _____
Phone #: _____

Insurance Carrier: _____
Insurance Policy Number: _____
Insurance is provided by which parent and/or place of employment? _____
Address and Phone Number of Company: _____

Please photocopy insurance card that is to be used and attach it to this form

Parent/Guardian signature: _____ Date: _____

Printed Name: _____ Relationship: _____

Name of Parish: St. Michael the Archangel Catholic Church Name of Youth Minister: Tricia St. Peter

In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.

Participant's Signature: _____ Date: _____

In signing the above line, I agree to abide by any / all policies and rules established for this event / activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

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Name of Student: _____ Date of Birth: _____

Address: _____ T-Shirt Size _____

Home phone #: _____

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Phone #: _____ Cell # _____
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Phone #: _____ Cell # _____
Home address (if different): _____

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Name & Relationship: _____
Phone #: _____

Insurance Carrier: _____
Insurance Policy Number: _____
Insurance is provided by which parent and/or place of employment? _____
Address and Phone Number of Company: _____

Please photocopy insurance card that is to be used and attach it to this form

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Printed Name: _____ Relationship: _____

Name of Parish: St. Michael the Archangel Catholic Church Name of Youth Minister: Tricia St. Peter

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Name of Student: _____ Date of Birth: _____

Address: _____ T-Shirt Size _____

Home phone #: _____

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Name of Student: _____ Date of Birth: _____

Address: _____ T-Shirt Size _____

Home phone #: _____

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Please photocopy insurance card that is to be used and attach it to this form

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Basic rules / expectations include, but are not limited to, the following: Following all COVID guidelines; respect for all adult leaders, peers, and all property; NO illegal drugs, alcohol, underage smoking, firearms, explosives, or other illegal substances;

Males and females are to remain in separate sleeping spaces at all times; No inappropriate physical / sexual activity; Appropriate attire is to be worn at all times. Other guidelines may be set forth accordingly by adult chaperones present for the event(s).



PARENTAL CONSENT AND EMERGENCY MEDICAL RELEASE FORM

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I/We, the parent(s)/guardian(s) of _____ do hereby give my/our permission and approval for my/our son/daughter/guardianship to participate on the *(Spring Retreat)* on March 6, 2021 with the *(Saint Michael the Archangel)* Youth Group.

I/ We do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone this event, other participants, *(Saint Michael the Archangel)*, the Catholic Archdiocese of Atlanta, _____ and any of the above named parties' representatives, successors, supervisors, sponsors, and/or organizers, for any injuries and/or illness (COVID) in connection with the outing / event(s) named above provided that said injuries are not the result of negligence. I/We hereby grant permission for publication of group (two or more persons) photos taken at youth events.

I/We also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I/We understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

I also agree that I am legally responsible for all/any personal actions taken by my child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my responsibility.

Name of Student: _____ Date of Birth: _____

Address: _____ T-Shirt Size _____

Home phone #: _____

Please list any special considerations we need to be aware of (i.e.: allergies, medical conditions, limitations, etc...)

Medications: My child is taking the following medication(s):

Description _____ Dosage _____

Description _____ Dosage _____

(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS, PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.)

_____By parent or guardian initialing here, permission is granted for non-prescription medications to be given, if deemed appropriate by adult chaperone(s).

Requested information on both sides of this form MUST be filled in completely in order for the student to participate in this event



Father/Guardian's full name: _____
Phone #: _____ Cell # _____
Home address (if different): _____

Mother/Guardian's full name: _____
Phone #: _____ Cell # _____
Home address (if different): _____

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:
Name & Relationship: _____
Phone #: _____

Insurance Carrier: _____
Insurance Policy Number: _____
Insurance is provided by which parent and/or place of employment? _____
Address and Phone Number of Company: _____

Please photocopy insurance card that is to be used and attach it to this form

Parent/Guardian signature: _____ Date: _____

Printed Name: _____ Relationship: _____

Name of Parish: St. Michael the Archangel Catholic Church Name of Youth Minister: Tricia St. Peter

In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.

Participant's Signature: _____ Date: _____

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Name of Student: _____ Date of Birth: _____

Address: _____ T-Shirt Size _____

Home phone #: _____

Please list any special considerations we need to be aware of (i.e.: allergies, medical conditions, limitations, etc...)

Medications: My child is taking the following medication(s):

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Phone #: _____ Cell # _____
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Mother/Guardian's full name: _____
Phone #: _____ Cell # _____
Home address (if different): _____

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Name & Relationship: _____
Phone #: _____

Insurance Carrier: _____
Insurance Policy Number: _____
Insurance is provided by which parent and/or place of employment? _____
Address and Phone Number of Company: _____

Please photocopy insurance card that is to be used and attach it to this form

Parent/Guardian signature: _____ Date: _____

Printed Name: _____ Relationship: _____

Name of Parish: St. Michael the Archangel Catholic Church Name of Youth Minister: Tricia St. Peter

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Name of Student: _____ Date of Birth: _____

Address: _____ T-Shirt Size _____

Home phone #: _____

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Mother/Guardian's full name: _____
Phone #: _____ Cell # _____
Home address (if different): _____

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Name & Relationship: _____
Phone #: _____

Insurance Carrier: _____
Insurance Policy Number: _____
Insurance is provided by which parent and/or place of employment? _____
Address and Phone Number of Company: _____

Please photocopy insurance card that is to be used and attach it to this form

Parent/Guardian signature: _____ Date: _____

Printed Name: _____ Relationship: _____

Name of Parish: St. Michael the Archangel Catholic Church Name of Youth Minister: Tricia St. Peter

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Name of Student: _____ Date of Birth: _____

Address: _____ T-Shirt Size _____

Home phone #: _____

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Name of Student: _____ Date of Birth: _____

Address: _____ T-Shirt Size _____

Home phone #: _____

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Phone #: _____

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Please photocopy insurance card that is to be used and attach it to this form

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