

Catholic Archdiocese of Atlanta  
St. Vincent de Paul  
PARENTAL CONSENT FORM

The Saints. Winter Retreat February 20-22<sup>nd</sup>

Cost is \$60.00

Drop off is 5:00pm Friday and pick up is after 5pm Holy Mass

Tshirt size \_\_\_\_\_ ALL FOOD WILL BE PROVIDED

TIM DAVIS 770 595 3618

I/We, the parent(s)/guardian(s) of \_\_\_\_\_ do hereby give my/our permission and approval for my/our son/daughter/guardianship to participate with the St Vincent de Paul Youth Group to the Winter Retreat 1519 Grizzle Road Dawsonville, GA 30534. We will be leaving the church at 600PM and end at Church on Feb 22<sup>nd</sup> after the 5pm Holy Mass.

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, St Vincent de Paul, the Catholic Archdiocese of Atlanta, and any of the above named parties' representatives, successors, supervisors, sponsors, and/or organizers, for any injuries in connection with the outing / event(s) named above.

I/We likewise release from responsibility any person(s), airline, bus company, or other transportation service, transporting my child, in a privately owned and/or rented vehicle, to and from any activities connected with the above named event(s).

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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name of Parish: St. Vincent de Paul

Office of Youth Ministry: Tim Davis

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

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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:

- Respect for all adult leaders, peers, and all property
- NO illegal drugs, alcohol, underage smoking, firearms, explosives, or other illegal substances
- No inappropriate physical / sexual activity
- Appropriate attire is to be worn at all times.

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_

Participant's Social Security Number: \_\_\_\_\_ (Required for treatment in most Hospitals.)

Father/Guardian's full name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home address: \_\_\_\_\_

Place of business/address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Mother/Guardian's full name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home address: \_\_\_\_\_

Place of business/address: \_\_\_\_\_

Phone #: \_\_\_\_\_

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: \_\_\_\_\_

Special considerations to be aware of (ie: allergies, medical conditions, etc...) \_\_\_\_\_

Medication (and dosage) my son/daughter is currently taking: \_\_\_\_\_

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

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