



## **2024 CONFIRMATION RETREAT**

**Date:** October 11, 2024

**Time:** 4:30 pm to 8:30 pm

**Place:** St. Joseph the Worker School Gym

---

**Enter using the GYM doors**

**Students will be asked to “sign in” as they arrive**

**NET Ministries will present the retreat for our Candidates**

**Pizza and water will be served for dinner**

**Students will be dismissed through the gym doors at 8:30 p.m.**

**Permission slip is attached. Please complete and return by October 4, 2024 to Rose Hayward, DRE. [rhayward@stjw.org](mailto:rhayward@stjw.org)**

**DIOCESE OF ALLENTOWN – YOUTH MINISTRY ACTIVITY  
LIABILITY RELEASE & MEDICAL INFORMATION**

Participants Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Gender: \_\_\_\_  
Parent/Guardian's Name(s): \_\_\_\_\_  
Home phone: \_\_\_\_\_ Alternative phone: \_\_\_\_\_  
Parent e-mail: \_\_\_\_\_

Event Description: Confirmation Retreat
Date/Time: Location: October 11, 2024 4:30-8:30 St. Joseph the Worker Gym
Transportation Information: <u>provided by parents</u> Other details: _____

I (we), \_\_\_\_\_ grant permission for our child,  
\_\_\_\_\_ to (Parent or guardian's name) (Child's name) participate in this  
parish/school program. This activity will take place under the guidance and direction of  
parish/school employees and/or volunteers from (name of parish/school)  
\_\_\_\_\_. I also give my permission for my child's picture/video  
to be taken as a part of youth ministry activities & to be used in any promotion of parish  
youth activities including the website. *(Details regarding multimedia usage found on the back  
of this form)*

My (Our) child understands and agrees to abide by all rules and regulations established by the  
parish/school.

As parent(s) and/or legal guardian(s), I (we) remain legally responsible for any personal actions taken by my (our) child. In consideration for my(our) child's participation, I (we) and my (our) child, agree and understand that we assume the risks inherent in the program, and with full knowledge of the risks, we, and our heirs, successors and assigns, agree to release and to hold harmless and defend the _____ Charitable Trust (school or parish name), The Diocese of Allentown, and its Bishop or Administrator, their respective charitable trusts, and the respective members, trustees, directors, officers, employees and representatives of those entities, including chaperones, volunteers or any other representatives associated with that activity (all of whom are separately and collectively referred to as the Diocese) from claims from or related to my (our) child's participation, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I (we) agree to compensate the Diocese for reasonable attorney's fees and expenses incurred by the Diocese in any action brought against the Diocese as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.
---

*Form continued on the next page, signature required*

## MEDICAL MATTERS

I (we) hereby warrant that to the best of my (our) knowledge, my (our) child is in good health, and I (we) assume all responsibility for the health of my child. I (we) also hereby grant permission for non-prescription medication (such as ibuprofen, throat lozenges, cough syrup) to be given to my (our) child, if deemed appropriate.

**Emergency Medical Treatment:** In the event of an emergency, I (we) hereby give permission to transport my (our) child to a hospital for emergency medical or surgical treatment. I (we) wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me (us) and the above numbers, contact:

Name & Relationship: \_\_\_\_\_

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

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Insurance Health Plan Carrier:**

\_\_\_\_\_  
Group #: \_\_\_\_\_

I.D.#: \_\_\_\_\_

*If your child is taking any medications or has any specific medical needs that should be brought to our attention (allergies, immunizations, dietary needs, physical limitations, exposure to contagious diseases (mumps, measles, etc.) please let us know by using the back of this form.*

## MEDICAL MATTERS (CONT.)

**Medications:** My (our) child is taking medication at present. My (our) child will bring all such necessary medications, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

**Specific Medical Information:** The parish/school should be aware of the following medical conditions. (The parish/school will take reasonable care to see that the following information will be held in confidence.)

Allergic reactions (medications, foods, plants, insects, etc.):

Immunizations: (Date of last tetanus/diphtheria immunization):

Does child have a medically prescribed diet?:

Any physical limitations?:

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, date and disease or condition:

Other concerns (academic, physical, behavioral, intellectual, etc):

*Form continued on the next page, signature required*

## MULTIMEDIA USAGE

By signing these permission forms I/ we, hereby consent to the use of any video tapes, photographs, slides, audio tapes or any other audio or visual reproduction in which the above named individual may appear by the SCHOOL/PARISH running the trip and the Diocese of Allentown. I understand that these materials may be used for promotional purposes including recruitment and fund-raising efforts or general publication. Promotion may include but is not limited to slide presentations, photo displays, Internet promotions, electronic multi-media or billboard display. I agree that the photograph/ image shall be free for use and release the SCHOOL/PARISH and the Diocese of Allentown, its employees, volunteers and agents for any liability connected with the use of said photograph or image.

**We have read carefully this Youth Ministry Liability Release & Medical Information Form and agree to its terms and intend to be bound hereby:**

Participants Signature : \_\_\_\_\_ Date: \_\_\_\_\_

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

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