

St. Theresa Parish LIFE TEEN RETREAT

Permission, Health, and Medical Release Form # _____

To be completed by youth and parent

Teen's name _____ Birthdate _____
Address _____ Phone _____
_____ Grade _____
Email _____ Shirt size _____
Father's name _____ Home Phone _____
Place of Business _____ Business Phone _____
Cell Phone _____

Local person to contact in case of an emergency

Name _____ Home Phone _____
Relationship _____ Work Phone _____
Cell Phone _____

I _____ hereby agree to fully participate in the program and all activities included. I am aware that anyone caught with or involved with any incident involving DRUGS, ALCOHOL, or ANY OTHER ILLEGAL/ INAPPROPRIATE ACT, will result in my parent/guardian being called and I will be sent home at the parent's expense. I am also aware that if deemed necessary, the proper legal authorities will be notified and necessary actions will take place. Recognizing this activity is part of a church sponsored activity, I promise to behave in a Christian manner and to follow the instructions of all leaders

Your signature _____ Date _____

To be completed by the parents/guardians of all youth participating in the event

I give my permission for _____, to attend and participate in the activity sponsored by the Diocese of Phoenix through St. Theresa LIFE TEEN, I understand that my son/daughter will be required to attend the entire retreat. I also authorize any emergency facility to administer any emergency, first aid and/or medical treatment and related costs at my expense. I further release holding St. Theresa Community, the Diocese of Phoenix, LIFE TEEN, the priest of his designate or any adult working with the youth responsible or liable for anything which may arise as a result of any injury my son/daughter may sustain.

Physicians Name _____ Phone _____
Name of Medical Insurance Company _____
Address _____
Medical I.D.# _____ Group # _____

My son/daughter is allergic to the following drugs: _____
Aspirin or Tylenol may be given as a necessary (please specify): _____
My son/daughter has the following medical problems: _____
As you drop your teen off, please have all their medication prepared with directions to give to our nurse.

To the best of my knowledge, my son/daughter is not facing a personal crisis nor does he/she have emotional or physical problems which prevent attendance at this time. I also state that all the above information is correct to the best of my knowledge.

Signature of Parent/Guardian: _____ **Date:** _____