

Parental/Guardian Permission and Health History form for  
**Teens Encounter Church and Christ Retreat**

(Print)

Participant's Name \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_/\_\_/\_\_ Age \_\_\_\_\_  
Parish \_\_\_\_\_ City \_\_\_\_\_ Grade Level \_\_\_\_\_

Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child \_\_\_\_\_  
(parent/guardian) (child's full name)  
to travel to and participate in **Teens Encounter Church and Christ retreat Friday, August 6, 7<sup>th</sup>, & 8<sup>th</sup> 2010, through Sunday. @ Our Lady of Corpus Christi.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

In an **EMERGENCY**, if unable to reach parent/guardian, contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

**Special Information** – All information will be held in strict confidence.

Allergic Reaction (plant, insect, food, medicines) \_\_\_\_\_

List Allergies \_\_\_\_\_ Type of Reaction \_\_\_\_\_

Does child require a medically prescribed diet? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Any physical limitations? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Other information or directions from parent/guardian \_\_\_\_\_

You will be notified if your child requires medical treatment, i.e., cases of high or persistent fever, severe vomiting, etc. Please indicate if you would like to be called COLLECT (charges reversed to yourself) if your child becomes ill with any minor symptoms such as headache, vomiting, diarrhea, sore throat, or low-grade fever, etc.

Yes \_\_\_\_\_ No \_\_\_\_\_

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We do not wish to give any medical treatment to your son/daughter against your wishes or family practice. Please read each of the following statements carefully and sign only those in accord with your wishes:

Is your child taking medications at present? \_\_\_ All medications must be well labeled and clear, concise directions indicated here \_\_\_\_\_

Parent/Guardian signature (required for dispensing any medication)  
Signature \_\_\_\_\_ Date \_\_\_\_\_

I grant permission for non-prescription medications (e.g. Tylenol, throat lozenges, cough syrup) and routine non-surgical medical care to be given to my child if deemed advisable by personnel supervising the field trip.  
Signature \_\_\_\_\_ Date \_\_\_\_\_

I do not want ANY type of medication administered to my child unless the situation is life-threatening and emergency treatment is required.  
Signature \_\_\_\_\_ Date \_\_\_\_\_

IN CASE OF AN EMERGENCY, I hereby give permission to transport my child to the nearest hospital for emergency medical or surgical treatment. I will be contacted as soon as possible and will be advised prior to any further treatment by the hospital or doctor.  
Signature \_\_\_\_\_ Date \_\_\_\_\_

We understand that this event will take place away from the parish grounds and that our child will be under the supervision of the designated school/parish/diocesan staff member on the stated dates. It is understood that we, the parents or legal guardians of child, will assume all liability for injury, including death, to the child, which result from accidents or occurrences during the event. We also agree to protect, indemnify, save, and hold harmless the Diocese of Corpus Christi, and parish, and their officers, directors, and employees from all damage, claims, suits, expenses and payment on account of or resulting from conditions stated on or resulting from any such injury, death, or damage to property, including resulting from the negligence of the Diocese of Corpus Christi, and parish, and/or their officers, directors, and employees.

In the event any legal action is taken by either party against the other party to enforce any of the terms and conditions of this agreement, it is agreed that the unsuccessful party to such action shall pay to the prevailing party therein all reasonable court costs, reasonable attorneys' fees and expenses incurred by the prevailing party.

\_\_\_\_\_  
Legal Guardian Signature

\_\_\_\_\_  
Date