

Teens Encounter Church and Christ Permission Forms  
\_\_\_\_\_ Church

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

**WHO TO CALL IN CASE OF AN EMERGENCY:**

1. \_\_\_\_\_ PHONE NO: \_\_\_\_\_

2. \_\_\_\_\_ PHONE NO: \_\_\_\_\_

D.O.B. \_\_\_\_\_ FAMILY PHYSICIAN: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_ IF SO, PLEASE LIST: \_\_\_\_\_

MEDICAL ALERTS: \_\_\_\_\_ IF SO, PLEASE LIST: \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION:**

COMPANY: \_\_\_\_\_ NAME OF INSURED: \_\_\_\_\_

POLICY NO: \_\_\_\_\_ GROUP NO: \_\_\_\_\_

\_\_\_\_\_ HAS MY PERMISSION TO ATTEND THE TEENS  
ENCOUNTER CHURCH AND CHRIST RETREAT.

I AGREE TO HOLD HARMLESS THE SPONSORS, PARISH, PASTOR, AND THE DIOCESE OF  
CORPUS CHRISTI FOR ANY ACCIDENTS THAT MAY OCCUR DURING THE RETREAT.

I DO GIVE PERMISSION TO THE SPONSORS TO OBTAIN EMERGENCY TREATMENT FOR  
MY CHILD, SHOULD IT BE NECESSARY. I WILL BE RESPONSIBLE FOR ANY MEDICAL  
EXPENSES INCURRED.

\_\_\_\_\_  
PARENT OR GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

**\*THIS PERMISSION SLIP MUST BE SIGNED AND RETURNED AT REGISTRATION.  
ABSOLUTELY NO EXCEPTION!**