

SOPHOMORE RETREAT PERMISSION SLIP

TURN IN FORM BY Tuesday, February 7th

My son/daughter (*please print first and last name*) _____ has my permission to attend the Sophomore Retreat at St. Mark's Community on February 14, 2012, from 9:00-2:00. My signature below indicates that I am responsible for picking up my student should they be involved in any disruptive behavior. I agree to direct this student to cooperate and conform to the directions and instructions of the supervisory personnel in charge of this retreat experience. I hereby give my permission for appropriate medical personnel to administer necessary treatment in the event of an emergency. I agree that in the event that my student is injured as a result of his or her participation in this retreat, including transportation to and from this activity, through the negligence (active or passive) of the school, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be paid by parent or guardian insurance or any available benefit plan of parent or guardian. I am responsible for transportation for my child to and from the retreat. I understand that there will be an \$8 charge to my account for food and supplies for the retreat.

_____	_____
Parent/guardian name (please print)	Date
_____	_____
Parent/guardian signature	Home and work phone numbers
_____	_____
Emergency contact name (please print)	Emergency contact phone number

MEDICAL HISTORY FOR ANY HOSPITAL OR PRACTITIONER

Physical Impairments _____

Other mental or physical health issues the Physicians should be aware of:

Family Physician: _____

Address: _____ Phone: _____

Medical Insurance Company _____

Policy #: _____ Subscribers Name _____

THANK YOU!
BISHOP KELLY CAMPUS MINISTRY TEAM