



**Summer Retreat 2010 Permission Slip**

Teen's Name: \_\_\_\_\_ Male  | Female   
Teen's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Street Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
T-Shirt Size (*in mens sizes*): X-Large  | Large  | Medium  | Small

**MEDICAL INSURANCE INFORMATION:** (*please print*)

Name of Insurance Company: \_\_\_\_\_  
Insurance ID Number (group number): \_\_\_\_\_  
My insurance carrier requires approval of treatment by assigned facility: Yes  | No   
If yes, please contact: \_\_\_\_\_ at (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

**HEALTH:** (*please print*)

Date of most recent Physical Exam: \_\_\_\_/\_\_\_\_/\_\_\_\_ Physician or Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Teen is in general good health and am able to participate in all activities involved in this retreat: Yes  | No   
If no, please specify: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS:**

My Son/Daughter Takes Medication: Yes  | No  (if yes, please print medication information below)  
Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Frequency Given: \_\_\_\_\_ Other Information: \_\_\_\_\_  
\_\_\_\_\_

**ALLERGIES:**

Hay Fever  | Asthma  | Poison Ivy  | Sulfa  | Nuts  | Convulsions  | Penicillin  | Bee Sting   
None  | Other(s)  (*If other*) Please Specify \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Teen's Name (please print): \_\_\_\_\_ Event: \_\_\_\_\_

**DIETARY NEEDS:**

Yes  | No  If yes, please list: \_\_\_\_\_

**MEDICAL CONDITIONS (PAST/PRESENT/HISTORY OF), OPERATIONS OR SERIOUS INJURIES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s): \_\_\_\_\_

**IN CASE OF AN EMERGENCY, CONTACT:**

**Emergency Contact 1 (MUST be a parent/guardian):**

Name of nearest relative: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Emergency Contact 2**

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

Daytime Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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I/We, the undersigned, parent(s) of \_\_\_\_\_ a minor, do hereby authorize as agent(s) Life Teen Core Members for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act of the medical staff of any licensed hospital whether such diagnosis of treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our for said agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

I agree that in the event my child is injured as a result of his/her participation in this event, including transportation to and from such activity through the negligence (active or passive) of Blessed Kateri Parish, or any of any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital, medical insurance, or any available benefit plan of mine or my spouse.

I also, give my child permission to self-medicate except for medications which are listed on the back of this form. I understand that any medications so listed will be dispensed by the Director of First Aid for the event.

Through the course of the event, we would like to capture those "Kodak Moments" for all of us to enjoy. By signing this permission slip, you hereby give permission for the LifeTeen Core Team to take photographs and/or videos of your son/daughter. These photographs/videos will be used for retreat and LifeTeen purpose ONLY.

**PARENT/GUARDIAN SIGNATURE:**

By signing this permission slip, I/We hereby agree to everything listed above. This authorization shall remain effective for the course of the event, July 30, 2010 through August 1, 2010, at St. Andrews Abbey Retreat Center in Valyeramo, CA.

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

Printed name of Parent/Guardian: \_\_\_\_\_