

Saints Agatha's Parish Confirmation Retreat permit

To be
Submitted
before the
retreat

Date: Wednesday 21st July 2021
Arrival: 8.00am for (8.30am – 2.45pm)

Place of Retreat: ST. AGATHA'S PARISH PREMISES

PLEASE FILL THIS FORM SCAN AND EMAIL TO THE PARISH OFFICE

CHILD'S NAME**SCHOOL**.....

NAME OF PARENT/GUARDIAN.....

PHONE NUMBERS: HOME.....**MOBILE**.....

FOR EMERGENCY DURING RETREAT HOURS: PHONE NO.....

OTHER THAN PARENTS? NAME OF PERSON

PLEASE INDICATE ANY **MEDICAL INFORMATION** WHICH SHOULD BE KNOWN.

IS YOUR CHILD ON ANY MEDICATION? YES / NO IF YES, PLEASE GIVE DETAILS

DO YOU BELONG TO AN AMBULANCE FUND? YES / NO

I give my permission for my child to attend the above excursion and I agree that he / she will be subject to the direction and control of the persons conducting the excursion and expect my child to obey all rules. In the event of illness or accident to my child, I will be notified as soon as possible, but I authorize the person in charge, where it is impractical to communicate with me, to consent to my child receiving such medical treatment (including the administration of an anaesthetic) as may be deemed necessary by a legally qualified medical practitioner. I understand that all reasonable care for the safety and health of my child will be taken by the persons in charge of the excursion. I agree to pay all fees and expenses incurred including those of transportation and hospital accommodation.

SIGNATURE: PARENT / GUARDIAN.....**DATE**...../...../2021.

THIS FORM IS TO BE CARRIED BY THE TEACHER RESPONSIBLE FOR EACH GROUP