

I give my child _____ permission to attend the 11th Grade Retreat
Friday October 26, 2006 to Sunday, October 28, 2007.

Here is the necessary hold harmless agreement:

I understand that it is necessary for my child to be transported to and from various events. I/We agree to protect, indemnify, save and keep harmless, the Archdiocese of Milwaukee, Good Shepherd Parish, and employees and volunteers against and from any and all loss, cost damage or expense, arising out of or from any accident or other occurrence on or about said premises, causing injury to any person or property whomsoever and whatsoever and will protect, indemnify and save and keep harmless the above mentioned parties from any and all claims, costs or expense arising out of any failure of the above in any regard to comply with and perform all the requirements and provisions agreed to and required by any law or ordinance during any part of the or during the specified period.

Date of Agreement: _____

Participant's signature: _____

Parent's Signature: _____

Emergency contact person: _____

Emergency phone # Home: _____ Work: _____

An alternative phone #: _____

I/we agree that in case of injury or medical emergency, I understand that a reasonable effort will be made to contact me. In the event that I cannot be reached, I hereby give permission for the physician selected by the director to hospitalize, to secure proper treatment for, and to order injection, anesthesia, medication or surgery for my child.

Parent's/Guardian's signature: _____

Insurance Carrier: _____

Policy Number: _____

Child's Doctor: _____

Doctor's Phone: _____

Please list any medication (prescription or over the counter) that your child will be taking during this event.

Please list any health information that might be needed by our staff or health emergency personnel: allergies, chronic conditions, recent or current injuries, etc.

I give permission for my child to SELF-ADMINISTER the medications listed above. I understand that all prescription medicine must come in the original pharmacy container.

Parent's Signature: _____

**This is NOT an overnight retreat
Please read and sign Code of Conduct on the back**