

Our Lady of Lourdes Confirmation Retreat PERMISSION FORM

_____ has my permission to attend the Confirmation Retreat at Our Lady of Lourdes Catholic Church (Marysville, OH). The retreat will be held Saturday, April 17, 2021 from 1:00 pm until its completion at *approximately* 11:30 pm. Sponsors (or a proxy) will attend the retreat on Saturday, April 17, 2021 from 1:00 pm through 4:30 Mass, and are invited to stay for a meal after Mass. All medical information regarding my child is included at the bottom of this permission form.

I, the undersigned parent/legal guardian of the above listed minor, understand that Our Lady of Lourdes Parish School of Religion will make every effort to contact me or other designated adult in the case of an emergency. If they cannot reach me or other designated adult, I give permission that emergency medical treatment may be sought. I release Our Lady of Lourdes Church, OLOL Parish School of Religion, all staff and volunteers from any and all liability which may arise from such an emergency.

Signature of Parent or Legal Guardian

EMERGENCY CONTACT INFORMATION FOR _____

Parent or Guardian _____

Phone(s) _____

Non-Parent Emergency Contact _____

Phone(s) _____

Chronic Conditions (e.g. Allergies, Epilepsy; Diabetes) _____

Medications _____

Notes: