PARENT PERMISSION FORM FOR PARISH-SPONSORED CONFIRMATION RETREAT

Dear Parent or Legal Guardian:

As a requirement for Confirmation, your child is eligible to participate in a parish-sponsored activity to take place away from the parish building. This activity will take place under the guidance and supervision of employees and volunteers from **Saint Philip Parish**. A brief description of the activity follows:

Parish Goal: **Spiritual Enrichment in preparation for Confirmation**

Destination: **National Shrine St. Elizabeth Ann Seton, and Grotto of Our Lady of Lourdes, Emmitsburg, MD.**

Designated Supervisor of Activity: **Mrs. Pam Copley**

Time: **7:45 am to 6:30 pm**

Date: **Thursday, March 26th, 2026**

Method of Transportation: **Charter Bus**

Student Cost: **$ 75.00**
(Plus extra money for the gift shop)

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student. Please be advised that parents retain the right to "opt out of any field trip planned for their children. It should also be understood, in light of world conditions and specifically, threats of terrorism to Americans, it may be necessary to cancel any parish-sponsored trip due to world and national developments. If further restrictions are imposed, the parish/Diocese will not be responsible for the loss of any monies advanced for these planned trips.

1. Is your child required to take any medication during the field trip? ☐ Yes ☐ No
2. If so, what medication? _____
3. Do you request the designated supervisor of activity to administer the medication stated above on this field trip?
   ☐ Yes ☐ No
4. Do you wish your child to take his/her inhaler (☐ Yes ☐ No), Epi-pen (☐ Yes ☐ No), or Glucagon Emergency Kit ☐ Yes ☐ No) on the trip?

I hereby request that my child, _____, be allowed to participate in the event described above. I understand that this event will take place away from the parish grounds and that my child will be under the supervision of the designated parish employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. If I cannot be contacted in an emergency, the parish has my permission to take my child to the emergency room of the nearest hospital and I hereby authorize its medical staff to provide treatment which a physician deems necessary for the well-being of my child. I understand it may be necessary to cancel any parish-sponsored trip due to world and national developments and the parish/Diocese will not be responsible for the loss of any monies advanced for these planned trips.

_____ _____ _____
Parent's Name (Please Print) Home Phone # Work Phone #

_____
Parent's Signature

I accept responsibility for my behavior:

_____
Signature of Student

Emergency Contact Person (Please Print) _____ Emergency Ph # _____

Student's Current Medical Problem _____

Name of Physician _____ Phone Number _____

Insurance Company _____ ID # _____

Allergy to Medications _____

Allergies _____

Chaperones should take a copy this form on the parish-sponsored trip/activity.