

OUR LADY OF FATIMA CONFIRMATION PROGRAM

CONFIRMATION RETREAT PERMISSION FORM

Please complete this form that will accompany your child on the field trip. This information is necessary should we need to contact you while your child is participating in the field trip.

No youth will be allowed to participate in the field trip without this form being completed and signed by the parent or guardian.

The information on this form is considered confidential and will accompany the Faith Formation Coordinator- **Elvira Ochoa**. Before giving consent for your child to participate in the field trip, please

READ CAREFULLY AND SIGN IF YOU AGREE TO THESE TERMS:

As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the named minor participant named below.

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend the Organizer its officers, directors and agents, and any other representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the field trip or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Organizer, its officers, directors, and agents, or representatives associated with the field trip for reasonable attorney's fees and expenses arising therewith.

Parent/ Legal Guardian Signature: _____ Date: _____

Child's Name: _____ Birth Date: _____

Parent/ Guardian's Name: _____

Home Address: _____

Phone #: _____ Work Phone #: _____

I, (Parent/Guardian) _____, grant permission for my child, _____, to participate in the field trip. This activity will take place under the guidance and direction of employees and/or volunteers from **Our Lady of Fatima Parish**.

A brief description of the activity follows:

Type of event: **Our Lady of Fatima Confirmation Retreat**

Location of event: 505 W. Granger Modesto, CA 95350- GYM

Individual in charge: **Elvira Ochoa**

Date and time of drop off: Saturday, April 11, 2026 10:00 am

Date and time of pick up: Saturday, April 11, 2026 2:00 pm

MEDICAL MATTERS

- ☐ I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

EMERGENCY MEDICAL TREATMENT:

*****Do not add yourself, please add at least 2 people.**

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

1. Name: _____ Relationship: _____
Phone #: _____
2. Name: _____ Relationship: _____
Phone #: _____
3. Name: _____ Relationship: _____
Phone #: _____

SPECIFIC MEDICAL INFORMATION:

Please make sure to talk to **Elvira Ochoa** regarding any medications or special needs your child may have.

THIS INFORMATION WILL REMAIN CONFIDENTIAL, IT WILL STAY WITH: Elvira Ochoa

THE ORGANIZER WILL TAKE REASONABLE CARE TO SEE THAT THE FOLLOWING INFORMATION WILL BE IN CONFIDENCE:

Allergies: (medications, foods, plants, etc.):

Does your child require: **Epipen** Yes No **Inhaler** Yes No

Any medication currently taken (Type of medication and time of administration) **or medical/physical conditions requiring special consideration:**

TO ANY DOCTOR OR HOSPITAL: I hereby authorize the release of my child's pertinent medical information to the appropriate professional staff. I give permission the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my child during this field trip.

HEALTH INSURANCE INFORMTION:

Company Name: _____ Policy #: _____

Parent/Guardian Name (please print): _____ Date: _____

Parent/ Guardian Signature: _____