

**IMMACULATE CONCEPTION/ST. PETER'S/
ST. MARY'S
GIFTS OF THE HOLY SPIRIT
CONFIRMATION RETREAT 2012
AT THE DANIEL SOREF RETREAT CENTER**



The Confirmation Retreat is an important element of the preparation process of the sacrament. It is a time in which we pray together, reflect on issues, discuss and learn, and most of all get away from daily distractions to spend time with God and each other.

When: Group A: March 3-4; Group B: March 17-18 (Your retreat group is the same as your Sunday night group)*

Leave St. Peter's 7:30 am Saturday

Return Sunday for 11:00 Mass at St. Mary's

What to bring: Confirmation folder, comfortable clothes appropriate for the weather (we may spend some time outside), dress clothes for dinner on Saturday evening and Mass on Sunday morning, toiletries, snacks to share (will be assigned by letter of last name as we get closer)

What not to bring: cell phones, electronics (ipods, games, computers, etc), valuables, money, homework or books (other than a bible or religious book); drugs, alcohol, or cigarettes (possession of these items is illegal – the police will be notified if they are found)

Please complete the attached permission slip and return no later than January 29, 2012

**Confirmation candidates will not be allowed to change retreats within two weeks of the first retreat (February 18) without a \$75 change fee!*

Immaculate Conception/St. Peter's/St. Mary's 2012 Confirmation Retreat

PARENT / LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

CHILD / WARD: _____

PARISH: IMMACULATE CONCEPTION, SAUKVILLE; ST. PETER'S OF ALCANTARA
AND ST. MARY'S, PORT WASHINGTON

SUPERVISOR OF ACTIVITY: YOUTH MINISTER AND CONFIRMATION TEAM

ACTIVITY: Confirmation retreat at Daniel Soref Retreat Center, Fredonia

DATE(S) AND TIME OF ACTIVITY: GROUP A: MARCH 3-4 GROUP B: MARCH 17-18;

LEAVE ST PETER'S SATURDAY 7:30 AM, RETURN IN TIME FOR 11:00 SUNDAY

MASS AT ST. MARY'S

METHOD OF TRANSPORTATION: BUS

STUDENT COST: N/A (PAID WITH CONFIRMATION FEE)

I consent to the participation of my child/ward in the above named activity. In consideration for my child/ward's participation, I agree to reimburse and indemnify the parish/school (understood to include the Archdiocese of Milwaukee) for all reasonable legal and court fees incurred by parish/school in defending a lawsuit that I or my child/ward may bring against the parish/school which relates to the above named activity if the parish/school is found not legally liable by the courts and prevails in the lawsuit. If the parish/school is found legally liable for injuries sustained by child/ward, this paragraph will not apply.

I certify that I have an understanding of this agreement and any risks and hazards associated with the activity described above that my child/ward will be participating in. I further understand that I had the opportunity to fully discuss this agreement with a representative of the parish/school to clarify any concerns or questions about the activity or this agreement that I may have had.

Parent / Legal Guardian Signature

Date

Address

_____/_____
Home phone / Cell phone

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

Name: _____ Phone Number: _____

Please furnish medical information about your child/ward which may be pertinent to his or her participation in the above identified activity:

The other side of this form must be filled out and signed

This form has been prepared by and is required by The Archdiocese of Milwaukee's Protected Self-Insurance Program. Questions should be directed to Catholic Mutual Group at 414-255-6906.

MEDICAL RELEASE FORM

PARTICIPANT'S NAME: _____ BIRTHDATE: _____ SEX: _____

FAMILY DOCTOR: _____ PHONE: (____) _____

Family Health Plan Carrier: _____ Policy Number: _____

MEDICAL MATTERS: I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. OF THE FOLLOWING STATEMENTS pertaining to medical matters. SIGN ONLY THOSE IN ACCORDANCE WITH YOUR WISHES.

Emergency Medical Treatment: 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, if you are unable to reach me at the above numbers, contact:

NAME & RELATIONSHIP: _____

HOME PHONE: (____) _____ BUSINESS PHONE: (____) _____

Signature _____ Date _____

Other Medical Treatment: In the event it comes to the attention of DESIGNATED SUPERVISOR or staff that SON/DAUGHTER/WARD becomes ill with symptoms of headache, vomiting, sore throat, fever, or diarrhea, I DO want to be called collect (with phone charges reversed to myself if necessary).

Medications: SON/DAUGHTER/WARD is taking medications at present and will bring all such medications necessary, and such medications will be well labeled. I give permission for SON/DAUGHTER/WARD TO TAKE THIS MEDICATION ON HIS/HER OWN. The dosage and frequency of dosage is as follows:

Signature _____ Date _____

If requested, I DO give permission for SON/DAUGHTER/WARD to be given the following (circle):

Aspirin	Benedryl	Midol	Ibuprofen	Pepto Bismo	Cough drops
Aspicream	Tums	Sudafed	Primatene Mist	Tylenol	Other _____

Signature _____ Date _____

No Medication of Any Type: whether prescription or nonprescription may be administered to my SON/DAUGHTER/WARD unless the situation is life threatening and emergency treatment is required.

Signature _____ Date _____

Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting?

Has child recently been exposed to contagious disease or conditions, such as mumps measles, chickenpox, etc.?

If so date and disease or condition: _____

You should be aware to these special medical conditions of my child: _____

This form has been prepared by and is required by The Archdiocese of Milwaukee's Protected Self-Insurance Program. Questions should be directed to Catholic Mutual Group at 414-255-6906.