

# PERMISSION SLIP

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Hm. Phone \_\_\_\_\_

Parents \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Emergency Phone \_\_\_\_\_

I request that my teen/youth \_\_\_\_\_ be allowed to attend the

High School Retreat at  
Living Springs Camp  
3500 N. Hwy 89A  
Sedona, AZ 86336  
Friday, November 18, 2011, 3:30 pm to  
Sunday, November 20, 2012, 4:00 pm

I give permission for images of my child to be used in promotional materials. I understand that reasonable precautions will be taken to safeguard the health and safety of the teens and that I will be notified as soon as possible in case of an emergency. In the event of any sickness or accident, I will not hold the parish or Diocese of Phoenix, responsible. In case of sickness or accident, I authorize and consent to any x-ray examination, anesthetic, and/or medical, dental or surgical diagnosis or treatment and hospital care to be rendered to my son/daughter (above named) under the general or specific supervision and on the advice of any physician, dentist or surgeon licensed to practice in the State of Arizona or any other state. I further understand and agree that any such medical, dental or hospital expense incurred shall be at my own expense.

If I cannot be reached in the event of any emergency, the following person is authorized to act in my behalf:

Name \_\_\_\_\_ Phone \_\_\_\_\_  
(Different number than above)

Address \_\_\_\_\_ City/State \_\_\_\_\_

Relation to the participant \_\_\_\_\_

Physicians name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Any medical information we should know about? (medications, allergies, asthma, heart / lung problems etc., last tetanus shot)

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Print Name of Parent or Legal Guardian \_\_\_\_\_

Signature of Parent / Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_