



## OLW GOOD FRIDAY RETREAT PARENTAL CONSENT FORM

Teen's Name \_\_\_\_\_

Today's Date \_\_\_\_\_

I (we) hereby give permission for my (our) child \_\_\_\_\_ to attend and participate in the Good Friday Retreat sponsored by Our Lady of the Wayside from April 18<sup>th</sup> through April 19<sup>th</sup>, 2019. I hereby release and indemnify Our Lady of the Wayside, its staff and volunteers and the Catholic Bishop of Chicago from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in these events.

I grant permission for the administration of first aide to my child by the people in charge of the program and those transporting my child to and from the program as their judgment deems advisable and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parents/guardians of the participant. In the event that I cannot be reached I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery if deemed necessary for my child.

Father (Guardian) PRINT NAME		Signature	Date
Mother (Guardian) PRINT NAME		Signature	Date

Work Name	( )	Work Phone
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Authorized Physician	( )	Physician's Phone Number
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Insurance Company	( )	Policy in Name of:
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Policy Number \_\_\_\_\_

Please describe any pertinent medical conditions:

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