

# Confirmation Retreat Parental Consent Form

## Participant Information

Full Name

Date of Birth

Gender

Address

Phone Number

Email

## Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email

## Medical Information

Allergies or medical conditions

Medications currently taking

Physician's Name & Phone

Insurance Provider & Policy Number

## Consent and Authorization

I, the undersigned parent/guardian, give permission for my child to attend the Confirmation Retreat. I authorize the adult supervisors to secure any necessary medical treatment in case of emergency.

Parent/Guardian Signature

Date