

**The Basilica of Saint Mary, Alexandria, VA**  
**Confirmation Retreat: Saturday, November 3rd, 2018**  
**PERMISSION FORM**

As the parent or legal guardian of \_\_\_\_\_, I hereby give permission for this student to attend the Basilica of Saint Mary 2018-2019 Confirmation Retreat for CCD & school, on November 3rd, 2018, at: Saint John Paul II National Shrine. Buses will depart from the Basilica of Saint Mary School (400 Green Street) at 9am and return at 4pm.

**I understand and acknowledge** that participation in the activities involves inherent risks of injury to my child. I agree to indemnify the Basilica of Saint Mary Catholic Church, its employees, staff, ministers, volunteers, and the Diocese of Arlington for any consequences or costs or expenses arising out of my child's participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity.

**I further give my consent to** that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

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Child's Date of Birth \_\_\_\_\_ Date of last Tetanus Booster \_\_\_\_\_

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Known allergies including any allergies to medicine (Continue on back of form if needed)

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Any other medical problems which should be noted (Continue on back of form if needed)

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Name of Parent/Guardian \_\_\_\_\_

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

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Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

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Person responsible for charges (if different from above) \_\_\_\_\_

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

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Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

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Person to notify if parent/guardian is unavailable \_\_\_\_\_

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Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

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Family Physician & Phone \_\_\_\_\_

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Insurance Carrier & Policy Number \_\_\_\_\_

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