

PARENT PERMISSION FORM FOR CONFIRMATION RETREAT PARTICIPATION

Dear Parent or Legal Guardian:

Your son/daughter is eligible to participate in a parish-sponsored Confirmation Retreat. This activity will take place under the guidance and supervision of employees and volunteers from St. Mary Queen of Creation Church.

Name of Event: Confirmation Candidate Retreat
Location: Saint Mary Queen of Creation
Sign in: **Gathering Area of Church** (candidates will sit together)
Pick up: **Parish Center**
Coordinator: Angela Laesch 586-725-7579
Date: Sunday, October 1, 2017, 8:45 AM – 2:30 PM
Includes snack, lunch and attendance at Mass
What to Wear: Casual attire... khakis or jeans (clean, no rips please), nice shirt / sweater, *clothes that are easy to move in and appropriate for Mass.*

Please complete, sign and return bottom portion of this sheet; **Statement of Consent and Release of Liability**. As parent or legal guardian, you remain fully responsible for the actions and conduct of your child.

RETURN COMPLETED BOTTOM PORTION – KEEP TOP SECTION WITH IMPORTANT INFO



STATEMENT OF CONSENT

Confirmation Retreat, Saint Mary Queen of Creation Parish Center
Sunday, October 1, 2017

I hereby consent to participation by my child, _____ in the confirmation retreat. I understand that this retreat will take place on parish grounds and that my child will be under the supervision of the designated parish employee and adult volunteers on the stated dates.

I authorize St. Mary Queen of Creation Church personnel to obtain necessary medical treatment for my child in case of illness, injury, or accident. My child has the following **medical conditions or allergies** about which a health care provider should be informed:

Medical Conditions or Allergies:

Print Parent's/Guardian's Name

Parent's/Guardian's Signature

Phone number where I can be reached during retreat: () _____

Name and number of person picking up your child	Date
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