

**DIOCESE OF COVINGTON – SUMMIT23 YOUTH RETREAT
PARENTAL/GUARDIAN – Permission & Medical Form**

Participant's Name _____ Age _____

Parent/Guardian's Name _____

Home Address _____

Parent/Guardian's Phone(s) _____

Emergency Contact Name and Phone (if parent cannot be reached) _____

I, _____, grant permission for my child(ren) _____, to participate in Summit23 Retreat, a diocesan youth ministry activity as described below. This retreat will take place under the guidance and direction of diocesan and parish employees and volunteers. Onsite security is provided. I agree to release, indemnify, and hold harmless Notre Dame Academy, the Covington Retreat Committee and the Diocese of Covington and their representatives from liability for any accident in which my child may be involved or any injury to my child that may occur in connection with this activity. If my child has a medical condition that requires health services and/or medications while at this retreat, I have listed them below. In the event of an accident or sudden illness, I understand that reasonable effort will be made to contact the parent/guardian or emergency contact immediately. However, if I am not available, I authorize the retreat personnel to secure emergency medical care, if needed. I recognize that I remain fully responsible for any legal liability resulting from the personal actions of my child.

Name of Parent/Guardian: _____

Signature: _____ Date: _____

Summit23 Retreat Information:

- Location:** Notre Dame Academy, Park Hills, KY
- Dates/Time:** Fri. Oct 6, 6:00pm – 9:30pm; Sat Oct 7. 9:00am – 9:30pm; Sun. 9:00am to 12:30pm
- Food:** Snacks, drinks, Saturday lunch and dinner provided (gluten free options available on request)
- Cost:** \$40.00 before Sept 20; \$50.00 after (scholarships available)
- Other:** Retreatants are expected to be present for the entire retreat, to sign in each day upon arrival, and participate in all activities. If early departure is needed, please indicate day, time, and mode of transportation (being picked up or driving oneself) below. A staff member will check out departures based upon the information provided below.
- Emergency:** Please call/text Angie Poat, Diocesan Youth Director if you need to reach anyone. 859-992-7628.
Note, use of cell phones by students during the retreat is discouraged.

Medical Information: Completed by Parent or Guardian (Please Print)

Provide information regarding health and safety concerns. Include: allergies (ex. bee stings or gluten), chronic conditions (ex. diabetes) or specific needs of retreatant, including medications that they will be responsible to take and administer themselves, while at the retreat.

Indicate which (if any) over the counter medications may be given to your child upon request (ex. Tylenol, acetaminophen, cough drops, or Benadryl):

Early Departures: List specific departure information (day, time, and mode of transportation) authorizing your child to leave the retreat early. (Write on the back of the form if necessary.)
