

DIOCESE OF COVINGTON
JUNIOR HIGH CONNECT RETREAT
PARENTAL/GUARDIAN – Permission & Medical Form

Participant's Name _____ Age _____

Participant's School _____ Grade _____ Parish _____

Parent/Guardian's Name _____

Home Address _____

Parent/Guardian's Phone(s) _____

Parent/Guardian Email _____

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

I, _____, grant permission for my child(ren) _____, _____, to participate in the CONNECT 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. I agree to release, indemnify, and hold harmless Thomas More University 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: _____

CONNECT Retreat Information:

- Location:** Thomas More University; 333 Thomas More Parkway, Crestview Hills, KY 41017
Dates/Time: Saturday, February 10, 2024
Food: Snacks, drinks, and lunch provided
Cost: \$20.00. Checks payable to the Diocese of Covington. (Payment collection by group leaders is preferred)
Other: Retreatants are to be present for the entire retreat. If early departure is needed, indicate information below.
Emergency: Call/text Angie Poat, Diocesan Youth Director, (859) 992-7628
Note, use of cell phones by students during the retreat is discouraged.

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

1. Provide information regarding health and safety concerns. Include: allergies (ex. bee stings, nuts, etc.), chronic conditions (ex. Diabetes, epilepsy) which we may need to know

2. 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 (time and with whom retreatant will be released) authorizing your child to leave the retreat early. (Write on the back of the form if necessary.)
