



PERMISSION FORM
Christian Awakening Retreat Participant

I request that Saint Xavier High School allow my son/ward, _____,
student ID _____, to participate in the voluntary retreat named below.

St. X **will be providing transportation** for this event **via school bus**, to and from the retreat center.

RETREAT NAME AND DATE: *Christian Awakening Retreat* on _____,
held at facilities of

Saint Meinrad, 200 Hill Drive, St. Meinrad, Indiana 47577 on dates: Nov 21-24, 2019, Mar 3-6, 2020, and Apr. 14-17, 2020

Mt. St. Francis, 101 St Anthony Drive, Mt. St. Francis, Indiana 47146 on dates: Oct 1-4, 2019, Jan 23-26, 2020, and Feb 4-7, 2020

RELINQUISHMENT OF CLAIMS AGAINST SAINT XAVIER HIGH SCHOOL

To the fullest extent allowed by law, I/We recognize and acknowledge that there are risks associated with my child's/ward's presence and participation in the school sponsored activity. I agree to indemnify, hold harmless, waive and relinquish any and all claims for personal injuries or property damage I or my son/ward may have against Saint Xavier High School and its officers, agents, employees, representatives or volunteers arising out of, or in connection with the activity in which my child/ward participates, including claims for negligence against Saint Xavier High School.

PERMISSION FOR EMERGENCY TRANSPORTATION AND MEDICAL TREATMENT

In case of any medical emergency, I authorize Saint Xavier High School agents, employees, representatives or volunteers to determine, arrange for, or provide appropriate transportation to a medical facility. I understand that every effort will be made to contact the parent or guardian of the child in need of medical care. In the event that I cannot be reached, I hereby give permission to the physician or other health care provider to secure any and all treatment deemed necessary for the well being of my child/ward.

Parent/guardian name, print Parent/guardian signature Date

Emergency contact information:

mother: day phone cell phone evening phone

father: day phone cell phone evening phone

Insurance information:

Insurance Carrier name Member name Member ID Group ID

You have my permission to give my son/ward ibuprofen pain reliever (common brand, Advil) if requested. (circle one) Yes / No

You have my permission to give my son/ward acetaminophen pain reliever (common brand Tylenol) if requested Yes / No

Parent(s), please list any **medical conditions** that you would like the retreat director to be aware of while your son is on retreat. **Include any allergy information.** All prescription medications must be in its original packaging.

