St. Bede Teen Life

St. Bede the Venerable Youth
CONFIRMATION PROGRAM

STUDENT TRAVEL/PARTICIPATION PERMISSION SLIP

(PARENT/GUARDIAN AUTHORIZATION)

NOTE DEADLINE: This form must be signed and returned to Religious Education Office by November 28, 2011, including a non-refundable check for $20 payable to St. Bede the Venerable Church (The fee is waived for teen leads.)

I give my permission for _____ **to attend the following event with**
(PRINT STUDENT'S NAME)

St. Bede the Venerable Catholic Community:

EVENT:	**YOUTH DAY 2012**	
DATES OF EVENT:	**THURSDAY, MARCH 22, 2012**	
TRAVEL DETAILS:	**6: 30 am**	**Bus leaves from St. Bede parking lot at 6:30 a.m. sharp**
	8:15 am	Arrival at Anaheim Convention Center
	4:00 p.m.	Bus leaves Anaheim Convention Center
	5:30 pm	**Estimated Time of Arrival at St. Bede**

MEDICAL RELEASE AUTHORIZATION

As a parent and/ or guardian, I authorize the treatment by a qualified and licensed medical doctor of the above named minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release is intended for the time period encompassing the event described above. This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence. If student has a requirement to take any over-the-counter or prescription medication, I give my permission for them to self administer. St. Bede and/or its agents can only administer medication with a parent/guardian and a doctor's written protocol.

PARENT/GUARDIAN'S PRINTED NAME: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

OTHER EMERGENCY CONTACT NAME: _____

Relationship: _____ Phone: _____ Cell: _____

FAMILY PHYSICIAN: _____ Phone: _____

HEALTH INSURANCE COMPANY: _____ Phone: _____ Policy #: _____

Specific medical allergies, chronic illnesses or other conditions: _____

_____

I have read and understood all the details above regarding the event. In addition, I am aware of any prescribed or over-the-counter medications that my child will be carrying with them. I understand St. Bede reserve the right to employ the use of substance tracking canine during the event. I understand I will be called at any hour to retrieve my child in the event my child chooses to partake in any illicit or illegal substance or behavior.

RELEASE FOR MEMORIALIZING:

I, hereby, authorize the making of photographs, video, recordings, or other memorializing of said event and my child's participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE**_____

(Signature covers Permission for participation in the event above, Medical Release, and Release for Memorializing.)

NOTE DEADLINE: This form must be signed and returned to the Religious Education Office.