Sacred Heart Church
650 Rose Turlock, Ca 95380
(209) 602-5889 Becky Beltran
Year 1 Confirmation Youth Retreat
Retreat Master: NET MINISTRIES
"Sealed and Sent"

Retreat Fee: $25.00(Make checks payable to Sacred Heart Confirmation Retreat) **Due:** October 4, 2022
Date of Retreat: October 14, 2022 (**Grades 6th -9th**) **Beginning Time:** Friday 4pm End Time: 9:00pm
Location: Sacred Heart Church GYM 650 Rose Turlock, CA 95380
Purpose of Retreat: To prepare candidates for the Sacrament of Confirmation
Candidates Needs to Bring: Bible and **Positive attitude!**
Retreat Coordinators: Mrs. Becky Beltran & Carmen Alvarez

Please Keep This Portion for Your Information

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Year 1 Confirmation Participation/Medical Release Form

Name of Student: _____ **Date of Retreat**: October 14,2022 (**Grades 6th -9th**) ____

Destination: Confirmation Year One Retreat- Sacred Heart Church-650 Rose Turlock, CA 95380

I, the undersigned parent/guardian of the above-named student, give my permission for his/her participation in the above-named retreat. I hereby release and save harmless the school/parish and any and all of its employees from any and all liability for harm arising to my child and for any loss of property as a result of this trip.

MEDICAL PERMISSION: I, the undersigned parent/guardian of the above-named student, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the provision of the Medical Practice Act, or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. I will not hold Sacred Heart School/Parish, St. Anthony's Parish, its officers or agents, liable for medical aid rendered.

This authorization is given pursuant to Section 25.8 of the California Civil Code and remains effective only for the event and date listed above.

Full Name of Child _____ Date of Birth _____

Home Address _____ Home Telephone _____

Name of Parent/Guardian _____ Parent/Guardian Work Phone _____

If Unable To Locate Parent/Guardian, Contact _____ Relationship _____ Phone _____

Physician's Full Name _____ Phone _____ Insurance Company _____

Is your child currently taking any medications? No ____ Yes ____ Kind _____ Dosage _____

Drug Allergies? _____ Food Allergies? _____

Other Concerns or Limitations? _____

_____ _____
Parent/Guardian Signature Date

BE SURE YOU HAVE DETACHED THE UPPER PORTION, IT IS FOR YOUR INFORMATION