

Confirmation Retreat Permission Form (2nd Year Candidates ONLY)

Name: \_\_\_\_\_ Small Group Leader: \_\_\_\_\_

**Appendix F**

**DIOCESE OF CHARLOTTE, NC  
PARENTAL/LEGAL GUARDIAN PERMISSION FORM FOR FIELD TRIP  
PARTICIPATION**

Dear Parent or Legal Guardian:

Your son/daughter, guardianship is eligible to participate in a Diocesan-sponsored activity that requires personal transportation to locations away from your home site. This activity will take place under the guidance and supervision of adult chaperones. A brief description of the activity follows:

ACTIVITY: Confirmation Retreat held at the Catholic Conference Center on December 15, 2018

DESIGNATED SUPERVISOR OF ACTIVITY:

Sarah E. Rose, St. Aloysius Catholic Church Director of 7th - 12th Grade Faith Formation

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent, or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named child. I hereby consent to participation by my child, \_\_\_\_\_, in the event described above. I understand that this event will take place away from parish grounds and that my child will be under the supervision of the designated supervisor on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. I give my permission for my child, in case of an emergency, to be taken to a physician or hospital by either the supervisor in charge or by an adult chaperone. I understand that every effort will be made to contact me. If I cannot be reached, however, I hereby give permission to the physician selected by the supervisor in charge or adult chaperone(s) to hospitalize and secure proper treatment (including surgery) for my son/daughter. The cost of any necessary medical care or treatment for my son/daughter will be my expense.

Parent's or Legal Guardian's Signature Date \_\_\_\_\_

Phone number where you can be reached in case of emergency: \_\_\_\_\_

Accident/Hospitalization Policy Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Please complete return this entire form by \_\_\_\_\_

Roman Catholic Diocese of Charlotte Youth Ministry Handbook E-38

**\*\*\*This permission form and \$20 must be returned to Sarah E. Rose by Wednesday, October 24, 2018.\*\*\***