

Youth Permission Form Completed by Parent/Guardian for
MANOR-AMA Summer Retreat

THE FOLLOWING MUST BE COMPLETED FOR EACH PARTICIPANT

I give permission to my son/daughter (PRINT retreatant's name) _____ to participate in the event sponsored by La Salle Manor Retreat Center and the LSM Retreat Team. I hereby release and indemnify the Lasallian Christian Brothers, La Salle Manor Retreat Center for this event, its staff and volunteers; for any and all liability arising from claims of any kind or nature whatsoever from my child's participation in the program. I understand that if my child violates any laws regarding possession of alcohol or drugs, or rules governing the event, I will be called and notified about the situation and/or arrangements will be made to send my child home at my expense. We will send an email confirming your participation in this event to the address provided in the registration form.

_____	_____	La Salle Manor Retreat Center may use photographs/videos of my child at this event for promotion on their social media platforms and website.
Yes	No	
_____	_____	_____
Student Signature	Parent/Guardian Signature	Date

MEDICAL AUTHORIZATIONS

In the event that the undersigned cannot be reached, and in the judgment of the responsible adults or other appropriate staff members accompanying the group. If there is a necessity for immediate examination and/or treatment of my child. I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

I GRANT PERMISSION for the adult chaperons for this event to administer non-prescription drugs as needed for my teen (asprin, ibuprofen, antacids, etc.) _____

Yes No

EMERGENCY CONTACT (In event that parent(s)/guardians(s) cannot be reached.)

NAME OF EMERGENCY CONTACT _____

Relationship to Retreatant _____ Phone Number _____

NAME OF PHYSICIAN _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

INSURANCE INFORMATION

Policy in the Name of _____ Policy # _____

Insurance Company _____ ID# _____

HEALTH INFORMATION

Allergies _____ Current Meds _____

Other Comments _____