

St. Charles Borromeo LUKE 18 Retreat Permission Form
January 6, 7, 8, 2012
Return by December 4, 2011

People were bringing even infants to him that he might touch them, and when the disciples saw this, they rebuked them. Jesus, however, called the children to himself and said, "Let the children come to me and do not prevent them; for the kingdom of God belongs to such as these. Amen, I say to you, whoever does not accept the kingdom of God like a child will not enter it." ...*Luke 18:15-17*

Cost of the weekend is \$40.00. Make checks payable to St. Charles Borromeo and return check and this permission form to: Mrs. Becca McCullough; 601 N. Fourth Street, Saint Charles, MO 63301.

Participant's First and Last Names: _____

Preferred Name for Identification Badge: _____

Adult T-shirt size: S/M/L/XL/XXL (*Circle One*)

Allergies: _____

Will participant be taking prescription medication during the retreat? **Yes/No** (*Circle One*)

Medication Name & Dosage: _____

Can participant be responsible for taking his/her own medication? **Yes/No** (*Circle One*)

I give adult leaders of St. Charles Borromeo permission to administer medications as stated above:

Yes/No Participant will take own meds (*Circle One*)

In case of emergency, I give St. Charles Borromeo adult coordinators permission to seek medical care for my son/daughter:

Physician's Name: _____

Physician's Phone Number: _____

IN CASE OF EMERGENCY, PLEASE IDENTIFY A RESPONSIBLE ADULT WE CAN CONTACT DURING THE RETREAT WEEKEND:

Printed First and Last Name: _____

Emergency Phone Number: _____

Relationship with Participant: _____

I give my permission for my son/daughter to be transported by car or van by a licensed and insured adult from St. Charles Borromeo Parish to their designated Sleep House and back to the St. Charles Borromeo campus. I give my permission for my son/daughter to participate in the Luke 18 retreat:

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Participant Signature: _____