

ST. ISAAC JOGUES RETREAT MEDICAL FORM

STUDENT NAME: _____

PHONE #: _____

DATE: _____

Name of Available Parent: _____

Cell # _____

General Health and Medical History

If participant has been under the care of a physician within the past 12 months or if there is any question about restriction, please attach a statement from a physician indicating restrictions and noting any pertinent recommendation.

Known Allergies: Food ___ Drugs ___ Plants ___ Animals ___ Insects ___ Peanuts ___ Other (what?)

Please explain reaction and indicate medications used: _____

(medication for above should be brought with you)

Check if prone to any of the following conditions:

Fainting ___ Convulsions ___ Stomach upsets ___ Frequent Headaches ___ Asthma or Respiration problems ___ High blood pressure ___ Heart problems ___ Motion Sickness ___ Other ___

If you have checked any of the above, please give details: _____

List medication(s) and use, including insulin. (medication should be in original container with prescription and/or store label.)

Medication _____ used for _____

Do you need any help with medication? _____ Refrigeration? _____

Please explain _____

I give Mrs. Rand, RN, permission to administer Tylenol _____, Benadryl_____, or Ibuprofen (Advil)_____, to my child if necessary.

Note any known physical, mental, social difficulties or other information which may effect participation and/or for which special consideration should be given.

Explain _____

I have completed the above information and I will exercise good judgment in regard to my child's* health, safety, and well-being, while participating in this program.

Name of participant _____

Signature of parent/guardian _____



ST. ISAAC JOGUES OFFICE OF RELIGIOUS EDUCATION
CONFIRMATION RETREAT
SATURDAY - April 14th, 2018

To: Parents and Guardians
From: Staff and Catechists
Date: January March 11, 2018

HEALTH FORM AND PERMISSION SLIP MUST BE COMPLETED AND RETURNED BY: (Return Forms to Class – only students who submit completed forms will be able to attend the retreat)

Students will NOT be allowed to participate in the Confirmation Retreat unless the medical information is supplied and the permission slip is signed and returned by the due date, Sunday, April 8th, 2018

Thank you for your kind attention to this matter.

PERMISSION SLIP
MUST BE COMPLETED, AND ON FILE IN THE OFFICE OF RELIGIOUS EDUCATION
BY 1 FOR STUDENT TO PARTICIPATE IN THE RETREAT!

I _____ give my child, _____ permission to attend the St. Isaac Jogues Confirmation Retreat on Saturday, April 14, 2018.

Each student is to bring a Brown Bag Lunch (see “Pilgrimage Itinerary” and “What to Bring” for details)

Students are to be in the Religious Education parking lot **by 7:45 AM sharp**

Students should be picked up in the Religious Education **parking lot at 5:00PM**

Signature of Parent or Guardian: _____

Date: _____

Parent or Guardian Emergency Telephone: _____