

OFFICE OF CONFIRMATION

To the Coordinator of Confirmation at St. Christopher Parish:

I hereby permit my child:

To participate in March 8-10, 2019 Second Year Retreat at Camp Mariastella Retreat House, Wrightwood, CA. We will be leaving at 4:00 P.M. on Friday, March 8, and return approximately at 4:30 P.M. on Sunday, May 10, 2019.

I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of the retreat.

Should it be necessary for my child to have medical treatment while participating in this trip, I hereby give the Office of Confirmation personnel to use their judgment in obtaining medical service for the child and I give permission to the physician selected by the program personnel to render medical treatment deemed necessary and appropriate by the physician.

I understand that any insurance benefits that are effective have limited application.

Parent or Guardian Signature

Phone (Home)

Print Name

Cell

Address

City

Date

BUS FEE: \$25

Judi Pena
DRE
Cell Phone: 626-806-9818