

**Student \_\_\_\_\_**

St. Ignatius College Preparatory  
Department of Campus Ministry Retreat Program  
Medical and Transportation Release Form

The Undersigned, who is parent or legal guardian of (please print name of student)

\_\_\_\_\_, a minor, hereby authorizes and consents to the participation of said minor in this retreat and give him/her permission to make use of the bus, van, or car transportation supplied by St. Ignatius to and from the retreat center and to sleep over at the retreat center for one night.

The Undersigned authorizes any retreat director to consent, in the case of any accident or illness, to any treatment of the above young person by a licensed medical physician and/or surgeon and/or dentist, or any hospitalization necessary, and/or to provide first aid---all in the case of an emergency when the parents or stepparents or legal guardian are not readily available.

I further agree to pay any and all costs associated with treatment not covered by our insurance.

Student's Date of Birth \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

To which hospital should we take him/her?

Stanford, Palo Alto \_\_\_ Kaiser, Redwood City \_\_\_ Closest \_\_\_ Other \_\_\_

Known Drug or Food Allergies \_\_\_\_\_

Last Tetanus Shot: Current \_\_\_\_\_ Don't know \_\_\_\_\_

Any medication currently being taken \_\_\_\_\_

Time and dosage of medication \_\_\_\_\_

Any special diet needs \_\_\_\_\_

Local Emergency Contact Person \_\_\_\_\_

His/Her Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

PARENTS PLEASE NOTE: Write down El Retiro's phone number in case of emergency – 650.948.4491

Parent Guardian Signature \_\_\_\_\_

Parent Guardian Printed Name \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Please return to Campus Ministry.**