

Student Name \_\_\_\_\_

*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 Kairos retreat and give him/her permission to make use of the bus, or car transportation supplied by St. Ignatius College Preparatory to and from the retreat center, and to sleep over at the center for three nights.

The Undersigned authorizes any retreat director consent, in the case of any accident or illness, to any treatment of the above Minor by a licensed physician and/or surgeon and/or dentist, or any hospitalization necessary, and/or to provide first aid - - - all in case of an emergency- - - when the parents, step-parents or legal guardian are not readily available. The Undersigned further agrees to pay any and all costs associated with treatment not covered by insurance.

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

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

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

To which hospital should we take him/her? (Check One)

Stanford, Palo Alto \_\_\_\_\_ Kaiser, Redwood City \_\_\_\_\_ Nearest \_\_\_\_\_

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/hers Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_