

KAIROS RETREAT PARENT PERMISSION

Student's Name: _____

Home Address: _____

Home Phone: _____

Mother's (Guardian's) Daytime Phone: _____

Father's (Guardian's) Daytime Phone: _____

Emergency contact **other than parents** (parents will certainly be contacted first)

Name: _____ Relationship _____

Phone: _____

Physician's Name _____ Phone _____

Health Insurance Type _____ Account # _____

Please list any medical conditions we should know. (Use the back if necessary.)

PARENT PERMISSION - PLEASE SIGN!

I hereby give my daughter, _____, permission to participate in the KAIROS Retreat Program run through Nazareth Academy. The retreat will take place at Jesus House in Wilmington, DE. I give my daughter permission to make use of the transportation supplied by NA to and from the retreat house. I understand my daughter's responsibilities in being part of the retreat group and will support her in any way I can.

I/We hereby give permission for my/our daughter to attend the KAIROS Retreat and to participate in all the Activities. In doing so, I/we hereby release Nazareth Academy, its principal, agents, and employees from all responsibility of liability of any nature whatsoever for any damages, injuries or other losses that I/we or she may incur while participating in this retreat.

Parent(s) Signature(s)

Date