

St Margaret Mary Alacoque Confirmation

Level I Retreat

Saturday, February 6, 2016

Christ Cathedral

13280 Chapman Ave,
Garden Grove, CA 92840

This year's retreat will be held at Christ Cathedral in Garden Grove, CA on **Saturday, February 6, 2016**. Candidates need to be at St. Margaret Mary at 8am on Saturday for check-in at Hegarty Hall. Candidates will take buses from St. Margaret Mary to the Christ Cathedral in Garden Grove. Buses will leave promptly at 8:30am whether all the candidates have arrived or not. Buses will return to St. Margaret Mary at 8pm that evening. Lunch and Dinner will be provided that day.

Please No cell phones, laptops, tablets/Ipads or music players/Ipods. Thank You!!! If you bring them, we will keep them for you!

Items to Bring:

Sun Glasses (Optional) or Jacket (it might be cold at night! – Check the weather before you go!)
Camera—Optional, Please keep with you at all times (No Phones)
Snack to share by last initial: A-E (24 bottle or more case of Water) F-J (12 or Individual Bags of Chips) K-O (12 pack of Coke) P-R (12 pack of Sprite) S-Z (12 pack of Cookies or Rice Crispy Treats)
Please Eat Breakfast on Saturday before you come to the retreat



St. Margaret Mary Alacoque Parish

2015-16 Confirmation 1 Retreat Registration Form
February 6, 2016 - Christ Cathedral - Garden Grove

**Registration Fee -\$50 (Cash or checks made payable to St. Margaret Mary Alacoque Parish)
Must be revived by January 10, 2016**

Contact Information

Student's First Name _____ Last Name _____

School attending _____ Current Grade _____

Birthdate: _____ Sex (M/F) _____ Best Contact Number (_____) _____

Mailing Address _____ City _____ Zip Code _____

Email _____ Cell Phone _____

Father's Name: _____ Cell: _____

Mother's Name: _____ Cell: _____

Confirmation Parish Information

Parish Name: _____ Contact Name _____

Parish Address _____

Parish City _____ State _____ Phone: _____

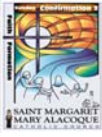
Confirmation Name _____

Sacrament Information

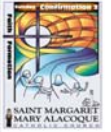
Is child baptized? Yes ___ No ___ Parish _____

Has child made First Reconciliation? Yes ___ No ___ Parish _____

Has child made First Communion? Yes ___ No ___ Parish _____



ST. MARGARET MARY ALCOQUE PARISH 2015-16 CONFIRMATION AND YOUTH MINISTRY PROGRAM PERMISSION/MEDICAL RELEASE FORM



(not needed for 18 years or older)

_____ in _____ has my permission to attend St. Margaret Mary Alcoque Parish
Minor's Name **Grade**
 onsite and offsite events from July 1, 2015 through June 30, 2016. The undersigned authorizes the Adult Leaders of St. Margaret Mary Parish Faith Formation Program to provide and authorize medical treatment for _____ during the above-referenced time period. The undersigned hereby agrees to

Minor's Name
 release the St. Margaret Mary Parish Faith Formation Teachers/Leaders of any and all liability, responsibility and damages whatsoever including but not limited to accidents, personal and mental injury, illness and death that may occur during the above-referenced time period. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the Minor, but that any of the above treatment will not be withheld if the undersigned cannot be reached. In no event will Archdiocese of Los Angeles and St. Margaret Mary Alcoque Parish, Lomita, CA, its officers, leaders, or agents be held liable for any first aid treatment or hospital care rendered, or drugs, medicine or surgical procedures performed pursuant to this consent. This consent supersedes all prior authorization.

AUTHORIZATION TO TRANSPORT MINOR

I/We hereby give permission for our child to ride in a vehicle driven by a licensed adult driver, in a vehicle which has at least minimum liability insurance as required by the State of California, for all off site activities.

This Health History and Medical Examination Form for Minors is complete and accurate. My child has permission to engage in all prescribed activities, except as noted by me and the examining physician.

Parent/Guardian _____ Date: _____
 Print Name

Parent/Guardian _____ Date: _____
 Print Name

Minor's Information:

Name of Minor: (Last, First, Middle Initial)	Date of Birth:		
Address:	City:	St:	Zip:

Parent/Guardian with Legal Custody to be contacted in case of illness or injury:

Name:	Relationship:	Email:
Preferred Phone numbers: () ()	Address:	

Second Parent/Guardian or other Emergency Contact:

Name:	Relationship:	Email:
Preferred Phone numbers: () ()	Address:	

Additional contact in the event parents/guardians can not be reached:

Name:	Relationship:	Email:
Preferred Phone numbers: () ()	Address:	

Health Insurance Information

Policy Holder's Name:	Policy Number:
Insurance Company Name:	Group Number:
Insurance Company Address:	Insurance Company Phone:
Name of Campers Primary doctor(s):	Phone:

Minor's Name: _____

General Health History. Check all that apply and explain in detail checked answers:

Arthritis	Had surgery or hospitalized in the last 5 years	Seizures
Asthma	Sinusitis (Sinus Infections)	Bed Wetting
Diabetes	Musculoskeletal Disorders	Sleep Disturbances
Ear Infections	Attention Deficit/Hyperactivity Disorder (ADD/ADHD)	Diarrhea/Constipation
Get Car or has Motion sickness	Emotional – Separation Anxiety	Tuberculosis
Has problems with period/menstruation	Bleeding Disorder	Kidney Disease
Heart Defects/Disease	Convulsions/Epilepsy/Seizures	Fainting or Dizziness
Hypertension	Headaches/Migraines	Back/Joint Problems
Kidney/Bladder Illness	Eating Disorders (Anorexia, Bulimia, etc.)	Chicken Pox Date:
Nosebleeds	Mental/Psychological Disorder	Rheumatic Fever
Skin Problems	Had a recent injury	Has a Recurrent/Chronic Illness
Traveled outside the U.S. in the last 9 mo.	Had Mononucleosis(Mono) during the past 12 months	Had a recent infectious disease
Physical Restrictions	Wear Glasses/Contacts	Other:
Currently under doctor's care for physical, mental, or emotional disorder		

Please explain in detail all checked answers marked above(use additional paper if necessary and attach):

Has your minor had a significant life event that continues to affect them today?	Yes	No	Does your minor sleepwalk?	Yes	No
Does your minor carry an inhaler?	Yes	No	Does your minor carry an Epipen?	Yes	No
*Does your minor suffer from Anaphylaxis?	Yes	No			

*Anaphylaxis is a severe allergic reaction marked by swelling of the throat or tongue, hives, and trouble breathing.

If you answered yes to any of the above, please explain (use additional paper if necessary and attach):

Medications:

[] This minor will not take any daily medications including vitamins while attending camp.

[] This minor will take the daily medication(s) including vitamins while at camp:

"Medications" is any substance a person takes to maintain and/or improve their health. This includes vitamins and natural remedies. All medications including vitamins must be in it's original container with a label and directions on dosage.

List any medications/vitamins she is currently taking (or has taken in the recent past) including dispensing dosage schedule and specific instructions for use.

Medications/Vitamins:	Purpose:	When Given:	Dosage & Specific Instructions for Administering Medications/Vitamins
1.		[] Breakfast [] Lunch [] Dinner [] Bedtime [] Other	
2.		[] Breakfast [] Lunch [] Dinner [] Bedtime [] Other	
3.		[] Breakfast [] Lunch [] Dinner [] Bedtime [] Other	

Have you ever had any adverse reactions to general anesthetics? **Yes** **No**

If so, please explain: _____

Please provide additional information about the minor's health that you think important or that may affect the minor's ability to fully participate in any youth ministry program activity. _____

Minor's Name: _____

“Over the Counter” Medication Record (“OTC”)

The following non-prescription medications are commonly found in/at our retreat/RE Office and are used on an as needed basis to manage illness and injury.

I, _____, give permission for my minor, _____, to receive the following “OTC” medication on an “as needed” basis. Unless directed otherwise, medication will be administered as directed by package labeling.

Minor's name: _____ Age: _____

Minor's Allergies _____

Please mark your preference with a check in the appropriate space.

OTC Medication	yes	no	Comments
Acetaminophen-Tylenol or generic (minor aches and pain)			
Alcohol-liquid or wipes			
Aleve			
Aloe Vera Gel/lotion (sunburn, chapped skin)			
Baking soda paste(bites and stings)			
Benadryl-cream/capsule/elixir(stings, bites, colds, allergies)			
Blistex (chapped lips)			
Burn Gel			
Cepacol/Halls/Generic-throat lozenges (sore throat)			
Campho-Phenique(cold/canker sores)			
Caladryl/Calamine lotions			
Dimetapp tablets/elixir(cold/allergies/cough) or non-drowsy			
Dramamine tablets-motions sickness			
Generic eye wash/ sterile saline/visine tears			
Hydrocortisone cream 1/2 or 1% -cortaid (itching)			
Hydrogen Peroxide-antiseptic			
Ibuprofen-advil/motrin/generic(minor aches, pains, cramps)			
Imodium Ad/Pepto-bismol/Kaopectate/generic (diarrhea)			
Insect repellent			
Midol (cramps)			
Milk of Magnesia, Liquid, chewable (constipation)			
Nighttime cold formula			
Polysporin/Neosporin/generic antibiotic ointment (scraps, cuts)			
Robitussin Elixir-liquid/gel caps (colds, coughs, allergies)			
2 nd skin/mole skin (blisters)			
Sore throat spray- generic (sore throats)			
Sting Kill (bites/stings)			
Sudafed-pill/chewable/elixir (colds, allergies)			
Sunscreen without Paba			
Tavist-D (allergies)			
Tums/mylanta (indigestion/gas)			
Vaseline (dry skin, problematic nose bleeds)			
Zinc Oxide Ointment (sun block)			

Thank you for your cooperation and help. We appreciate your time to complete this record, as it will help to keep your minor healthy.

Photo and Video Release for Minor Children

I hereby authorize St. Margaret Mary Alacoque Parish to publish the photographs and videos taken of me and/or the undersigned minor children, for use in the St. Margaret Mary Alacoque Parish's printed publications, website and training purposes. I acknowledge that since participation in publications and websites produced by St. Margaret Mary Alacoque Parish is voluntary, neither the minor children nor I will receive financial compensation. I further agree that participation in any publication and website produced by St. Margaret Mary Alacoque Parish confers no rights of ownership whatsoever. I release St. Margaret Mary Alacoque Parish, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

Signature: _____ Date: _____