

**Event:** Overnight youth retreat for high school teens.  
**Contact for Retreat:** Rebecca Bissonnette  
**Contact Info:** 513-470-8888 **OR** rbissonnette@saint-max.org  
**Date & Time:** Friday October 28 7 pm until Sunday October 30 12:00 pm  
**Location:** St. Max  
**Cost:** \$15  
**Transportation:** Self or Parents

**What to Bring:** *Guys: Snack to share. Girls: Drink to share. Personal devotional items (bible, journal, etc.). Sweatshirt/jacket (some activities may take place outside). Change of clothes and pajamas. Toiletries and towel. Any medications needed, with proper form. **No cell phones** (we will collect them if they are brought).*

**NEEDED PAPERWORK:**

- 1) A completed copy of the form below must be turned in, along with payment.
- 2) A copy of **medical information must be on file and up to date.** *This would be completed on the Medical and Liability Form turned in for youth events for the school year.*
- 3) If your teen **needs to take prescription medication**, we need a medications **permission form.** *See parish website.*

I, the lawful parent or guardian of \_\_\_\_\_ (the “child”) give permission for my child to participate in the activity described on the Activity Information Form (attached above) and release from all liability and indemnify the Archbishop of Cincinnati (“the Archbishop”), both individually and as a trustee for the Archdiocese of Cincinnati and all parishes, schools, and institutions within the Archdiocese, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity.

I agree that the Archbishop or his agents may use my child’s portrait or photograph for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities. (Facebook, texting, etc.)

**Permission to administer Over-the Counter Medications**

The program directors may give over-the counter medications to my son/daughter listed above in the following situations. Please initial all that apply:

For headache, you may give my son or daughter:

<input type="checkbox"/> Tylenol (acetaminophen)	<input type="checkbox"/> Advil (ibuprofen)
<input type="checkbox"/> Aspirin	<input type="checkbox"/> Other (please list) _____

For upset stomach, you may give my son or daughter:

<input type="checkbox"/> Pepto Bismol (Pink Bismuth)	<input type="checkbox"/> Tums
<input type="checkbox"/> Kaopectate	<input type="checkbox"/> Other (please list) _____

**Teen’s Shirt Size** (for retreat shirt) **PLEASE CIRCLE:**    S    M    L    XL    XXL

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_ Phone \_\_\_\_\_

Parent Email (print) \_\_\_\_\_

**Payment and this form are Due October 9th in the Parish Office**  
**Checks payable to St. Maximilian Kolbe Catholic Church**