

# Confirmation Retreat 2022

## Parental Consent and Information Form

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

My child has permission to attend the confirmation retreat at Koinonia Retreat Center (near Annandale) on January 29-30, 2022.

I do release and agree to hold harmless the Buffalo United Methodist Church, its staff and volunteer leaders from any and all liability, claims and demands for personal injury and any nature that may be incurred by my child while he/she is a participant in the Confirmation program.

I give my permission for Buffalo United Methodist Church to furnish any necessary transportation, food and lodging for my child.

I grant my permission for my child to participate fully in this program, and do give my permission for the Pastor, church, staff, or other adult chaperone to obtain emergency medical treatment for my child as it is deemed necessary by the leaders of the events. I expect to be notified as soon as possible if such an emergency takes place. I understand that my insurance is responsible for any health care costs incurred.

- My child will meet everyone at church by 8:45 am to share rides to Koinonia
- My child will arrive directly at Koinonia by 9:30 am with \_\_\_\_\_
- We need to make special arrangements for arrival and/or departure as follows:  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Date

Parent contact number(s) to use during this event: \_\_\_\_\_

Other Emergency contact: \_\_\_\_\_  
Name Number

Health Insurance Policy Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Policy Group Number \_\_\_\_\_

- Allergies, medications, or special concerns are noted on the back of this form

*Return this form to the Church office with \$90 no later than Sunday, December 19*