

# Good Friday Retreat Day, 2014

Retreat commences immediately after the 10am Way of the Cross at St Mary's Seminary, with lunch provided

At 1:45 the group will make a pilgrimage walk to the St John Vianney's Parish 3pm Good Friday Service.

## PERMISSION & MEDICAL FORM

I, \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

parent/guardian give permission for \_\_\_\_\_ to participate in the :

- Oblate Youth Australia Good Friday Youth retreat and walk to St John Vianney's and will be present to take custody of them immediately after 3pm service.
- Oblate Youth Australia Good Friday Youth retreat and will pick him/her up from St Mary's at 1:45pm

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Respiratory \_\_\_\_\_

Diabetic \_\_\_\_\_

Allergies \_\_\_\_\_

Mental Illness \_\_\_\_\_

Phobias \_\_\_\_\_

Other medical conditions \_\_\_\_\_

Recent Illness \_\_\_\_\_

Reaction to Drugs \_\_\_\_\_

Is there any other information we may need in the event of an emergency? If yes please specify

As parent/guardian of \_\_\_\_\_, I give consent for him/her to participate in the OYA Good Friday Retreat, Victoria, 18 April, 2013. I also authorise the leaders to obtain medical assistance necessary should an accident occur, and agree to pay all medical expenses incurred. I further authorise qualified practitioners to administer anesthetic if such an eventuality arises. I have completed the required medical information and have included all details of relevant limitations. I am aware and approve that use of photos or video footage to be posted on Oblate and parish websites, printed publications or video productions.

Name: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_