

**St. Stanislaus Church
Confirmation 2018**

I give permission for my son/daughter _____,
to attend the St. Stanislaus Confirmation Retreat on April 6-7, 2018. The
retreat will be held at The Vincent Pallotti Retreat House at Our Lady Queen
of Apostles in Monroe, NY. Candidates should arrive at 6:00pm so that we
can depart by 6:15pm Friday evening and will return by bus on Saturday by
6:30pm.

I understand that the retreat is a FAST and that my child (unless other
arrangements have been made for medical reasons) will be given only fruit
juices, water and crackers for the duration of the retreat.

During the retreat I can be reached at _____.
Phone Number

In the event of an emergency, and I cannot be reached, please contact

Name	Phone	Relationship
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Medical Information:

Doctor's Name _____ Phone _____

Medical Insurance Carrier _____

Policy/Member Number _____

Parent/Guardian Signature	Date
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PLEASE TURN OVER