

## Confirmation Year 2 Retreat Information

- What:** The Confirmation Year 2 Retreat will be a special time for the Year 2 Confirmation candidates to be away from their normal routine. They will participate in activities, hear stories, have small and large group discussions, sacraments, prayer, reflection, meals, and play.
- When:** Friday, 3/13 through Sunday, 3/15  
Please arrive at St. Monica by **4:00pm on Friday, 3/13**. Participants will return Sunday, 3/15 around 2:00 pm. Retreatants will be able to text or call parents/guardians when leaving the retreat center on Sunday to provide a more precise arrival time.
- Where:** Camp Daley at the Lawrence M. Daley Camp and Conference Center  
The Salvation Army Southern California Division  
26801 Dorothy Dr., Calabasas, CA 91302, Phone: (818) 222-6327
- Transport:** Transportation will be via bus or car from St. Monica Catholic Community to the retreat center and back. Retreatants are required to travel and stay with the group.
- Cost:** St. Monica is subsidizing many of the costs, so the student fee will be \$175. If you need financial assistance for the retreat, please email Diane Gasper at [diane@stmonica.net](mailto:diane@stmonica.net). We will never let the cost prohibit someone from attending.
- Registration:** Please complete the following forms and return via email (you can use Adobe, print and sign, or send scans or photos) to [diane@stmonica.net](mailto:diane@stmonica.net) by **Friday, March 6**. The team **MUST** have signed forms for each retreatant attending the retreat.
- Student Activity Permission form
  - Medication authorization and permission form (if needed)
  - Participant Information Form
  - Behavior Contract
  - Pay retreat fee via [this link](#)
- Contact:** Retreatants may bring their cell phones on the bus but will not have access to them during the retreat. If you need to contact them in an emergency, you can call/text the Director of Faith Formation, Diane Gasper at (310) 989-6007, who will be at the retreat.

The retreat is mandatory for all Year 2 Confirmation participants. If you have any questions about the information provided, please reach out to Diane Gasper ([diane@stmonica.net](mailto:diane@stmonica.net)).

## STUDENT AND YOUTH ACTIVITY PERMISSION FORM

School/Parish/Other Archdiocesan Sponsoring Entity ("Location"): \_\_\_\_\_

Place and Date of Event/Trip: \_\_\_\_\_

Activity: Field Trip \_\_\_\_ Retreat \_\_\_\_ Other (specify) \_\_\_\_\_ Purpose: \_\_\_\_\_

Description of Activity: \_\_\_\_\_ See Attached: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_ Total Field Trip Cost \$ \_\_\_\_\_

Teacher/Adult Leader: \_\_\_\_\_ Attire: \_\_\_\_\_

Minor's Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Grade \_\_\_\_

I request that my child be permitted to participate in the above activity. I am not aware of any physical or medical condition my child has that would prevent my child from participating fully in this activity.

My son/daughter has the following medical needs, allergies or dietary restrictions \_\_\_\_\_

If my child needs to take medication while participating in this activity, I hereby give my child permission to self-administer his/her medication in accordance with the *Medication Authorization and Permission Form*, and, if my child cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my child's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my child should it become necessary to do so. I understand that health insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to reimburse the Location for the cost of any medical treatment and related expense incurred.

**Release of Liability:** As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my child may suffer as a result of participation in the activity described above.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Person to Notify in case of Emergency if Parent or Guardian is unavailable:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy No.: \_\_\_\_\_

To be filled in by Location

To be filled in by parent/guardian



## MEDICATION AUTHORIZATION AND PERMISSION FORM

**Location:** \_\_\_\_\_

Part A to be completed by a licensed physician unless copy of prescription and original prescription bottle is provided containing the information requested in Part A.

**I hereby request that my son/daughter be allowed to take the following medication(s) at the Location identified above and/or at a Location sponsored field trip, event or activity.**

\_\_\_\_\_  
Last Name of Minor

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Sex

\_\_\_\_\_  
Birth Date

Name of Medication: \_\_\_\_\_

**A. Physician's Instructions.** (Complete where applicable)

\_\_\_\_\_  
Purpose of Medication or Diagnosis

\_\_\_\_\_  
Dosage Prescribed

\_\_\_\_\_  
Date/Time Schedule

\_\_\_\_\_  
Dose Form (tablet/liquid)

Please notify this office if patient misses medication \_\_\_\_ Yes \_\_\_\_ No

Medication may have adverse effects (explain) \_\_\_\_\_

Special instructions and/or comments: \_\_\_\_\_

\_\_\_\_\_  
Print Name of Licensed Physician

\_\_\_\_\_  
Signature of Licensed Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Address and Phone Number

**B. Permission for Administration of Medication and/or Testing at Location and/or at Location sponsored Field Trip/Event/Activity:** I request that my son/daughter identified above, be permitted to carry and use emergency medication (inhaler, epi-pen, insulin, etc.) and/or test for levels of blood sugar at the Location identified above and/or at a Location sponsored field trip/event/activity as prescribed by the physician above. I acknowledge and understand that no health care professional or other trained adult may be available at the Location or at the field trip/event/activity to assist, monitor or supervise my son/daughter's self-administration of medication or testing unless arrangements have been made in advance. In the event that my son/daughter is unable to self-administer or self-test, I agree that Location staff/chaperones may assist my son/daughter to the extent possible under the circumstances, but neither they nor the Location shall be liable for any adverse consequences or injury. I hereby give the Location staff/chaperones permission to call paramedics to render treatment to my son/daughter should that be necessary and to release medical information to first responders for that purpose. For all other medications, my son/daughter and I will comply with the Location's policies and procedures and will provide the Location with any medication my son/daughter requires in its original prescription bottle.

Parent/Guardian Name: \_\_\_\_\_ Emergency phone number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Participant Information Form  
Year 2 Confirmation Retreat

**Participant Information:**

First Name

Last Name

Preferred Name (if different)

Current High School

Grade

Gender      Female      Male

**Parent/Guardian Information:**

First Name

Last Name

Best Contact Phone Number

Email

Please list any allergies

Please note any dietary needs or restrictions

Please note any medications on the medication release form.

Other information or accommodations needed

## OVERNIGHT RETREAT BEHAVIOR CONTRACT

To have the best possible experience on this retreat it is important that you observe the following:

1. No drugs or alcohol of any kind are allowed to be in the possession of a participant. If retreatant must take prescribed medication of any kind, please list information in the medication release.
2. No sexual activity is allowed.
3. No phone calls will be allowed during the retreat, unless there is an emergency and you receive permission from an adult leader to use your phone.
4. Electronic devices such as cellphones, watches (Apple, Fitbit, digital or analog), and electronic games of any kind (Nintendo Switch, etc.) will be collected at the beginning of the retreat and given back to you when we leave the retreat center.
5. All participants must stay on the retreat property at all times.
6. Appropriate dress is required at all times. This includes no t-shirts with inappropriate logos or words, no sleeveless shirts, no short-shorts or revealing tops, etc.
7. Indecent dress, behavior, and/or language is not in keeping with the spirit of the retreat and will not be tolerated.
8. Participants must treat the surroundings and all St. Monica and retreat center personnel with respect.
9. Participants are obliged to abide by any rules set by the retreat director and staff.
10. When lights-out is announced, all participants will be in bed and remain in bed until the morning.
11. Participants must abide by all retreat center rules.
12. Any damage incurred by participants will be the responsibility of the participant and his/her parent or guardian.

**NOTE: If a participant violates this behavior contract, his/her parents will be notified and asked to come to the retreat center immediately and take the participant home. Any student that does not comply with the aforementioned rules is subject to further action upon return including but not limited to withdrawal from the program.**

I, \_\_\_\_\_ agree to abide by this behavior contract.  
(student signature)

I, \_\_\_\_\_ the parent or guardian of the above, **agree to pick up this participant** if they violate this behavior contract.  
(parent/guardian signature)