



**CONSENT FORM - (UNDER 18)**

I hereby give my permission for my (circle one) son/daughter (print name) \_\_\_\_\_  
to attend the Holy Spirit Teen and Young Adult Retreat at the Landmark Hotel in Metairie, LA, on January 6-8, 2012.

I understand that this retreat is under the sponsorship of the office of the Catholic Charismatic Renewal of New Orleans (CCRNO) and I certify that my child will submit to the reasonable and legitimate requirements necessary for good order while attending this retreat. If either medical or behavioral problems arise involving my child, I further understand and agree that the said sponsor and its representatives reserve the right to immediately return my child home and that any travel expenses incurred will be my responsibility.

I do hereby voluntarily appoint a CCRNO representative as health care representative for my child. He is hereby authorized to act for me and on behalf of my child in all matters of surgical or medical treatment for my child. This appointment terminates upon my child's return home from the Holy Spirit Teen and Young Adult Retreat.

If I have no insurance or if my health insurance fails to pay all or part of any medical expenses incurred by my child, I understand and accept that I am ultimately responsible to pay for any and all medical expenses for my child and that CCRNO is not responsible to pay these expenses.

HEALTH INSURANCE COMPANY \_\_\_\_\_ HEALTH PLAN NUMBER \_\_\_\_\_  
HEALTH INSURANCE COMPANY'S TELEPHONE NO. ( ) \_\_\_\_\_

**RELEASE OF LIABILITY- ARCHDIOCESE OF NEW ORLEANS**

I, (print name of parent) \_\_\_\_\_, agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend **the Catholic Charismatic Renewal Of New Orleans Office, the Archdiocese of New Orleans, its officers, directors, agents, employees, or representatives** associated with the Holy Spirit Youth and Young Adult Retreat from any and all liability claims, loss or damage arising from or in connection with my participation in this event.

By my signature I hereby give permission for my child's photograph to be used in CCRNO publicity in the future.

Address of child: \_\_\_\_\_

Phone #: (Home) \_\_\_\_\_ Child's Social Security #: \_\_\_\_\_

Parent's Phone #:(Work) \_\_\_\_\_ Signature of Parent: \_\_\_\_\_

**PLEASE MAKE SURE THAT BOTH SIDES OF THIS FORM ARE FILLED OUT.**

**Catholic Charismatic Renewal of New Orleans**  
PO Box 7515, Metairie, LA 70010-7515, 1901 Division St, Metairie, LA 70001  
[info@ccrno.org](mailto:info@ccrno.org) \* 504-828-1368 \* [www.ccrno.org](http://www.ccrno.org) \* Fax: 504-831-5810

NAME: \_\_\_\_\_

**MEDICAL FORM**

**QUESTIONS:**

1. Are you allergic to any medications? \_\_\_\_\_ If so, What? \_\_\_\_\_

2. Please list any other allergies: \_\_\_\_\_

3. Have you ever had surgery? \_\_\_\_\_ Have you ever been Hospitalized? \_\_\_\_\_

\_\_\_\_\_

4. Please list any disabilities or handicaps: \_\_\_\_\_

\_\_\_\_\_

5. Are you under the care of a physician for any medical problems? \_\_\_\_\_

\_\_\_\_\_

6. Do you take medication(s)? \_\_\_\_\_ If so, please identify: \_\_\_\_\_

7. Do you have any special medical needs that we should know about? \_\_\_\_\_

Please specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE MAKE SURE THAT BOTH SIDES OF THIS FORM ARE FILLED OUT.**

**FORM MUST BE MAILED OR BROUGHT TO CCRNO, PO BOX 7515, METAIRIE, LA 70010-7515  
OR CCRNO (ST BENILDE PARISH CENTER) 1901 DIVISION ST, METAIRIE, LA 70001**

**NO ONE MAY ATTEND RETREAT WITHOUT A SIGNED FORM.**