

# Saint Barbara GOYA Retreat Registration and Health Form

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_

Parent's Home Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Pediatrician's Name and Phone Number: \_\_\_\_\_

Are there any allergies or medical conditions that we need to be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child on medication? \_\_\_\_\_

\_\_\_\_\_

If yes, please list the medication and dose: \_\_\_\_\_

\_\_\_\_\_

Should your child's activities be restricted in any way? If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

Do we have permission to administer Tylenol, Benedryl or Antacids to your child? \_\_\_\_\_

Person to contact in case of an emergency (please include phone number)

1. \_\_\_\_\_

2. \_\_\_\_\_

I hereby give my child permission to take part in all the GOYA Fall Retreat activities. In case of an emergency, I give permission to the GOYA Advisors to administer first aid. Should medical attention be required, I give permission for the GOYA Advisors to seek further qualified medical assistance until I can be contacted.

\_\_\_\_\_  
Signature of parent or guardian