

PARISH OF ST OSMUND

CONFIRMATION RETREAT

Personal Details

Candidate's Name: _____

Address: _____

Email: _____

Mobile Number: _____

Emergency Contact Details

Name: _____

Relationship: _____

Home number(s): _____

Mobile number(s): _____

Email: _____

Medical / Dietary Needs

Please use this space to let us know of any medical condition you may have, or any medication you regularly take. Please include any allergies (eg. nut allergy), or special dietary requirements (eg. vegetarian).

This information will be kept confidential and will only be shared with your permission.

Permissions

For under 18s, this section must be completed by their parents or legal guardian:

I consent to my child attending the St Osmund's Parish Confirmation Retreat at Buckfast Abbey. I give permission for the leaders of this event to act on my behalf and I give consent to any appropriate medical treatment as recommend by medical staff in case of accident or illness.

Signed: _____

Date: _____