

**SAINT JOHN NEUMANN CHURCH**  
2230 Rochester Road, Franklin Park, PA 15237  
412-366-5885 ext. 12

**SJN CONFIRMATION SERVICE**

**SUMMER 2017**

**Light Of Life Mission-please choose 1<sup>st</sup> & 2<sup>nd</sup> choices**

Mon. June 5 \_\_, Wed. June 7 \_\_, Mon. June 12 \_\_,  
**2 Breakfast Options 6:30am-10:00am - Tues. June 20 \_\_, Wed. June 21 \_\_,**  
Mon. June 19 \_\_, Mon. June 26 \_\_, Thurs. June 29 \_\_, Tues. July 11 \_\_,  
Mon. July 17 \_\_, Mon. July 24 \_\_, Mon. July 31 \_\_, Wed. Aug. 2 \_\_

**Meet at SJN at 3:15pm- dismissed @ 7:30pm**

**Pizza will be served when we return to SJN**

**Return form to SJN Religious Education Office**

**PERMISSION:**

We, the undersigned parent/s or guardian/s of \_\_\_\_\_  
(Name of Teen)

do hereby give my/our permission for my/our teen to participate in the  
Confirmation Service sponsored by St. John Neumann Parish at  
Light of Life Mission, 10 E North Ave. Northside

***Maximum # of Candidates per day is only 5. Days are filled in the order  
received so please respond as soon as possible and pick 1<sup>st</sup> & 2<sup>nd</sup> choice.***

We need but can only take one adult driver/chaperone per day due to space limitations.

I, \_\_\_\_\_ **can drive & chaperone on the above selected day. I can fit \_\_\_ passengers in  
my vehicle.**

**OR**

I, \_\_\_\_\_ **can provide a snack / beverage for 6.**

**MEDICAL AUTHORIZATION**

In the event of any injury or illness to my/our child during his/her participation in this field trip I/We hereby give my/our permission for the necessary medical treatment to be given to my/our child.

I/We agree that in case of injury to my/our child, I/We will apply my/our hospitalization and/or accident insurance toward payment of the expenses incurred and will not look to Saint John Neumann Church or the Roman Catholic Diocese of Pittsburgh for the payment of any medical costs or injury related costs.

**PARENT/GUARDIAN SIGNATURE(S):**

\_\_\_\_\_

**PARENT/GUARDIAN EMAIL:** \_\_\_\_\_

**PARENT/GUARDIAN TELEPHONE:** \_\_\_\_\_

**INSURANCE COMPANY:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

**NAME & PHONE NO. OF EMERGENCY CONTACT:** \_\_\_\_\_

# ST JOHN NEUMANN CHURCH

## MEDICAL CONSENT TO TREAT

I/We the undersigned parent(s)/guardian of \_\_\_\_\_  
a minor, do hereby authorize treatment of my/our child by a licensed medical physician in case of any accident  
or illness that may so arise, or any hospitalization necessary. This consent form will remain effective  
until \_\_\_\_\_.

\_\_\_\_\_  
Father/Legal Guardian

\_\_\_\_\_  
Mother/Legal Guardian

Date: \_\_\_\_\_ Phone(s) where you can be reached: \_\_\_\_\_

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health, and I  
assume all responsibility for the health of my child. Of the following statements pertaining to medical matters,  
sign only those in accordance with your wishes...

- 1) **Medications:** My child is taking medication at present. My child will bring all such medications  
necessary, and such medications will be well labeled. My child will administer his/her own medication.

Name of Medication, time and dosage \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 2) I hereby grant permission for nonprescription medication (such as Tylenol<sup>®</sup> or throat lozenges) to be  
given to my child, if deemed advisable.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- 3) No medicating of any type whether prescription or nonprescription may be administered to my child  
unless the situation is life-threatening and emergency treatment is required.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any known allergies? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_