

**ST. CHARLES BORROMEIO  
CONFIRMATION PREPARATION  
LEVEL III**

**Candidate's Name:** \_\_\_\_\_

**Please complete and return ALL of the following by August 1, 2018  
in this envelope:**

- \_\_\_\_\_ **Registration Form**
- \_\_\_\_\_ **Registration Fee**
- \_\_\_\_\_ **Consent Form**
- \_\_\_\_\_ **Medical Form**
- \_\_\_\_\_ **Communication Release Form**
- \_\_\_\_\_ **Copy of Medical Insurance Card**
- \_\_\_\_\_ **Copy of Immunization Record**

**NOTE:** Please pay special attention to properly completing all the forms especially the Medical Information Form. The student's last tetanus/diphtheria immunization **MUST** be on form.

# ST. CHARLES BORROMEEO

Post Office Box 428  
Destrehan, Louisiana 70047-0428  
(985)764-6383



June 10, 2018

Dear Parents,

Congratulations! Your child has completed Level II of the **St. Charles Borromeo Confirmation Preparation Program**. Your child has had a wonderful opportunity of living out his/her Catholic faith in the past two years of preparation.

It is now time for your child to begin Level III of the St. Charles Borromeo Confirmation Preparation Program. Our Confirmation date has been scheduled for Thursday, October 4, 2018 at 7:00 pm.

The registration fee for Level III is \$100.00 if paid by August 1, 2018. Late registration fee (paid after August 1, 2018) is \$125.00. The Level III registration fee covers Confirmation, robes and retreat.

The 2018 requirements for Level III are few but very close together because of the early date to be confirmed. The only requirements for the candidates are:

Retreat	Saturday & Sunday, August 25 & 26, 2018
Confirmation Practice	Wednesday, October 3, 2018
Sacrament of Confirmation	Thursday, October 4, 2018

Enclosed you will find the 2018-2019 Registration Form, Parent / Legal Guardian Consent Form and Liability Form, a Medical Information and Consent Form and a Public Information / Communication Release Form, and information on the Level III Retreat which includes the Liability Consent Form and Permission Letter. Please complete and return along with the registration fee by August 1, 2018. Please note that the retreat is the only Level III Catechetical requirement to be confirmed and there is no make-up. If a candidate misses the retreat, they will have to attend next year's retreat and be confirmed with next year's class.

Thank you for your continued support as we journey together in faith.

Sincerely in Christ,

Janeen C. Rodrigue  
Director of Youth Ministry  
St. Charles Borromeo Parish

Enclosures:      Registration Form  
                         Consent & Liability Form  
                         Medical Form  
                         Retreat Information  
                         Communication Release Form

# The Catholic Church of St. Charles Borromeo

## Confirmation Registration 2018 - 2019 Level III

Candidate's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Confirmation Name \_\_\_\_\_ Age at time of Confirmation \_\_\_\_\_

Birth Date: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Month/Day/Year) (City/State)

Candidate's Address: \_\_\_\_\_  
(Number & Street) (City) (Zip Code)

Candidate's E-Mail Address: \_\_\_\_\_

Parents' E-Mail Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Mother's Maiden Name: \_\_\_\_\_  
(Last) (First) (Maiden/Middle)

Sponsor's Name: \_\_\_\_\_  
(Last) (First) (Maiden/Middle)

### Telephone Numbers:

Candidates Home: \_\_\_\_\_ Candidates Cell: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Mom's Work: \_\_\_\_\_ Dad's Work: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

**ST. CHARLES BORROMEO CATHOLIC CHURCH  
CONFIRMATION PREPARATION PROGRAM  
LEVEL III**

**Parent/Legal Guardian  
Consent Form and Liability Form  
2018 - 2019**

Participant Name \_\_\_\_\_

Home Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Social Security \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

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

Parent/Guardian E-mail Address \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_ to participate in the **St. Charles Borromeo Catholic Church Level III Confirmation Preparation Program**. This program will take place under the guidance and direction of parish employees and/or volunteers from **St. Charles Borromeo Church Parish**.

As parent and/or guardian, I remain legally responsible for any actions taken by the above named minor ("participant"). I agree on behalf of myself, my child, named herein, our heirs, successors, and assigns, to hold harmless and defend. St. Charles Borromeo Church Parish, its officers, directors, and agents, and the Archdiocese of New Orleans, chaperones, or representatives associated with the program, arising from or in connection with my child's participation in this program or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the parish/location, its officers, directors and agents, and the Archdiocese of New Orleans, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

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**Signature of Parent/Legal Guardian**

**Date**

# ST. CHARLES BORROMEO CATHOLIC CHURCH

## MEDICAL INFORMATION AND CONSENT FORM

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### GENERAL INSTRUCTIONS TO PARENTS/GUARDIANS:

1. Please take care in filling out this form. It provides crucial information for caregivers in the event of illness or medical emergency. Accuracy and thoroughness are encouraged.
  2. Sections I, II and V are mandatory. Sections III and IV provide you with treatment options in non-emergency situations.
- 

Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_

Home address: \_\_\_\_\_  
(Street) (City/State) (Zip)

Home phone: \_\_\_\_\_ Cellular phone: \_\_\_\_\_

Business phone: \_\_\_\_\_ Other: \_\_\_\_\_

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### SECTION I. MEDICAL MATTERS

As the parent/legal guardian of the above named child, who is currently associated with St. Charles Borromeo Parish. I hereby authorize Janeen Rodrigue or his/her assistants to carry out the wishes I have named (herein) in areas of emergency medical treatment and other cases of illness. This authorization inclusively extends from August 2018 – August 2019. 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.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

### SECTION II. EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the numbers listed herein, contact:

Name & relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

**SECTION III: OTHER MEDICAL TREATMENT**

In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of New Orleans, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

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

**SECTION IV: MEDICATIONS**

*(SIGN ONLY THOSE OPTIONS THAT ARE APPLICABLE)*

- My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: \_\_\_\_\_  
\_\_\_\_\_

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

- I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

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

- NO medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

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

**SECTION V: MEDICAL INFORMATION**

The parish will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: **Date** of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

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

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc? \_\_\_  
If so, date and disease or condition: \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_  
\_\_\_\_\_



## St. Charles Borromeo Catholic Church Public Information / Communication Release

I agree, for the 2018 - 2019 school year, the name, voice and/or likeness of \_\_\_\_\_(student), may be used in news publications, audiovisuals, and other electronic transmissions issued by employees or designees of St. Charles Borromeo Parish or by members of the media with permission of officials from schools or offices within the Archdiocese of New Orleans. These information items may include, but are not limited to, press releases, internal and external news articles, SCB web-site, SCB Photo Directory, photographs, videotapes, live broadcasts, sound recordings and/or electronic transmissions related to school activities.

I also waive compensation or reimbursement of any kind related to use of the above material for the minor child or myself.

Yes. I do agree to the terms as stated above.

No. I do not agree to the terms stated above.

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Today's Date

