Diocese of Dallas
Office of Vocations

3725 Blackburn Street, Dallas, Texas 75219
Ph. 214-379-2860

Adult Permission and Travel Form

Adult's Name _____ **Gender M or F**

Home Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Mobile Phone** _____

E-mail Address _____

EVENT DETAILS
A brief description of the activity follows:

Description of event: ABLAZE 2015 Eucharistic Centered Retreat

Date of event: January 30, January 31, February 1, 2015

Destination of event: St. Monica Catholic Church Family Center, Dallas, Texas

Estimated time of departure and return: _____

Mode of transportation to and from event: _____

_____ _____
Name of Emergency Contact Phone Number

_____ _____
Additional Emergency Contact Phone Number

_____ _____
Signature of Adult Participant Date Signed

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Adult Participant's Name: _____

Medical Information:
The information below is requested but not required.
It will be used only in the case of an emergency.

Insurance Carrier: _____

Policy Number: _____ **Insurance ID Number:** _____

Date of Birth: _____

Primary Care Physician: _____ **Phone:** _____

Medications:
Please list below the names of medications and taken on a regular basis:
_____
_____
_____
_____
_____

Allergic reactions (medications, foods, plants, insects, etc.) _____

Immunizations: (date of last tetanus/diphtheria immunization) _____

Any physical limitations: _____

Any other special medical conditions that medical personnel should be aware of? _____

_____