

Church of St. Mary, Sycamore & Diocese of Rockford, Illinois

**PARENT/GUARDIAN PERMISSION & MEDICAL AUTHORIZATION FORM**

Your son/daughter is eligible to participate in the following sponsored event:

Name of event:    DIOCESE OF ROCKFORD YOUTH SUMMIT (8<sup>TH</sup>-12<sup>TH</sup> GRADE)   

Destination:    NIU HOLMES STUDENT CENTER, DEKALB IL   

Designated Supervisor:    SARA BLASER\_815-751-6456   

Date and Time:    SUN. OCTOBER 6, 9:30AM-5PM   

Method of transportation:    INDIVIDUALS RESPONSIBLE FOR OWN TRANSPORTATION/CHAPERONES WILL MEET THE STUDENTS AT THE EVENT   

Student Cost:    \$25.00 INCLUDES BOX LUNCH, T-SHIRT ETC   

**PERMISSION SLIP & \$\$ DUE BY FRI. SEPT. 13 TO YM, SCHOOL, PARISH OR RE OFFICES**

I give permission for \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Name of Participant)

to participate in the event described above. I understand that this event will take place away from the parish premises and that my child will be under supervision. I also consent to the conditions stated above on participation in this event, including method of transportation.

I further grant permission for the administration of First Aid to the child listed above by the people in charge of the event and those transporting my child to and from the event as their judgments deems advisable and to make the necessary referrals to qualified physicians for treatment of illness or accident of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery, if deemed necessary for my child.

I hereby release and indemnify the Religious Education Program, its staff, volunteers and The Church of St. Mary, Sycamore, Illinois and the Catholic Bishop of Rockford, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event. I also give permission for my student's picture to be published in connection with this event.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print signature name \_\_\_\_\_ Parent email \_\_\_\_\_ Parent Cell \_\_\_\_\_

Address/City/State/Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Participant Cell Phone \_\_\_\_\_

Emergency Contact and Phone \_\_\_\_\_

Allergies/ Medications/ Special Conditions of Participant:

**Medical Insurance Information**

Policy in the name of \_\_\_\_\_ Policy # \_\_\_\_\_

Insurance Company \_\_\_\_\_ ID # &/or Social Security # \_\_\_\_\_

Authorized Physician \_\_\_\_\_ Phone # \_\_\_\_\_