

Church of St. Catherine of Siena & 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 and Destination: 2019 STEUBENVILLE CONFERENCE, St Louis, MO (Mid America 2)

Designated Supervisors: Jessica Cranston and Hank Schmalen

Date and Time of Departure: FRIDAY JULY 19, 2019 (early Morning)

Date and Anticipated time of Return: SUNDAY JULY 21, 2019 (late night)

Method of transportation: CHARTERED BUS

Student Cost: \$295
\$100 NON-REFUNDABLE DEPOSIT PLUS BALANCE (ADDT'L BALANCE of \$195.00)

I give permission for _____ Date of Birth: _____
(Name of Student)

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 judgment 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 St Catherine of Siena, W Dundee, 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 child's picture to be published.

Signature of Parent/Guardian _____ Date: _____

Print signature name _____ Email: _____

Address/City/State/Zip _____ Participant's T-shirt size: _____

Day Phone _____ Evening Phone _____

Emergency Contact and Phone _____

I AM WILLING TO BE A PARENT CHAPERONE: _____ YES _____ MAYBE _____ NO

Allergies/ Medications/ Special Conditions of Participant:

Medical Insurance Information

Policy in the name of _____ Policy # _____

Insurance Company _____ ID # &/or Social Security # _____

Authorized Physician _____ Phone # _____