



Diocese of Joliet

Religious Education Office
430 North Center Street
Joliet, Illinois 60435

815-727-6411
Fax 815-722-7361

PERMISSION FORM St. Petronille Church 2015-2016

Sleep Out Saturday Nov 7-8 _____ Harvest Day Nov 1 _____
Time Out Retreat Jan 17-18, 2016 _____ other _____

GENERAL PERMISSION FORM

I request that my child, _____,
to be allowed to participate in _____
sponsored by St. Petronille Youth Ministry.

I hereby release and indemnify my parish St. Petronille Church
its staff, volunteers, and the Diocese of Joliet from any and all liability
arising from claims of any kind or nature whatsoever from my child's
participation in this event.

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This
authorization form constitutes permission for my child's participation in
the videotape and/or still photographs, which may be used for future
promotional efforts, including the Diocese of Joliet website.

Code of Behavior

You are representing Youth Ministry in our diocese during this event
and we expect you will represent us well. We expect that you will
display mature and responsible behaviour, which for many years has
been the trademark of Catholic youth and adults of our diocese.

Some Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behaviour. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved. If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Youth Signature: _____ Date: _____

Parent/Guardian Signature: _____

Date: _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to
my child, _____,
by the people in charge of the _____
event, and those transporting my child to and from the
event as their judgement deems advisable, and to make
the necessary referrals to qualified physicians for the
treatment of illness or accidents of a more serious nature.
I understand 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 the case of a medical emergency, I
understand that every effort will be made to contact the
parent/guardian of the participant. In the event that I
cannot be reached, I hereby give permission to the
physicians selected by the adult staff to hospitalise, secure
proper treatment for, and to order injection, anesthesia, or
surgery if deemed necessary for my child.

Participant's Name: _____

Birth Date: _____

Allergic to medication/other? NO YES (circle one)

If yes please describe: _____

Ok to take OTC Meds ___yes ___no

Medication(s) presently taking: _____

Insurance Information

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____

Identification/Social Security Number: _____

Authorized Physician: _____

Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Wireless Phone: _____ Other: _____

In case of Emergency, contact: _____

Phone #'s _____