

AUTHORIZATION FORM FOR PARISH EVENTS

I hereby give permission for my child _____ to participate in the **ST. JOAN OF ARC TEEN MINISTRY CYPRESS COVE EVENT – AUGUST 4TH** hereby release and indemnify **St. Joan of Arc Parish - Lisle, Illinois**, its staff, volunteers and the Joliet diocese, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

I understand that my child is responsible for following certain regulations while taking part in this event.

SIGNATURE OF PARENT/GUARDIAN

ADDRESS, CITY AND STATE

AREA CODE AND PHONE NUMBER

EMERGENCY PHONE NUMBER

PHONE NUMBER OF CLOSEST RELATIVE

MEDICAL PERMISSION FORM

I grant permission for the administration of first aid to _____ BY THE PEOPLE IN CHARGE OF **ST. JOAN OF ARC TEEN MINISTRY CYPRESS COVE EVENT – AUGUST 4TH** and those transporting my child to and from the program as their judgment deems advisable, and to make the necessary referrals to qualified physicians and treatment of illness or accidents 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 parents/guardians of the participant. In the event I cannot be reached I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed as necessary for my child.

SIGNATURE OF PARENT GUARDIAN _____

DATE _____ ADDRESS _____

PHONE _____ CITY/STATE _____ ZIP _____

AUTHORIZED PHYSICIAN _____ PHONE _____

INSURANCE INFORMATION

POLICY IN THE NAME OF _____

INSURANCE COMPANY _____ POLICY# _____

IDENTIFICATION # AND/OR SOCIAL SECURITY # _____

St. Joan of Arc Parish Center – 630-963-4500

ALL PERMISSION SLIPS MUST BE TURNED IN NO LATER THAN

AUG. 5TH COST: \$15.00

PLEASE MAKE CHECKS PAYABLE TO *ST. JOAN OF ARC PARISH*