DIOCESE OF JOLIET

Rev 01/2022

Permission/Medical Release for Minors

Participant Name	FIRST		LAST		
Address			**City**	**Zip**	
Parent Name	Parent / Guardian 1		**Name Parent/Guardian 2**		
Parent Cell			**Cell Parent/Guardian 2**		
Parent Email	Parent / Guardian 1		**Teen Cell - (HS Students ONLY)**		
Parish Name			**City**	**Zip**	
School Attending			**City**	**Zip**	
Date of Birth		**Age**	**Grade**	**M** ☐	**F** ☐

GENERAL PERMISSIONS

I request that my child:_____

be allowed to participate in:_____

_____

I hereby release and indemnify my parish, 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.

I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Parish:

_____

And the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation in the trip.

CODE OF BEHAVIOR

I acknowledge that I am representing our diocese/parish during this event, and I will represent us well. I will adhere to all Diocesan Guidelines and display responsible, mature, and respectful behavior in my words, actions, and usages.

EXPECTATIONS

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate respect and common courtesy at all times. Inappropriate language/behavior/conduct will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the values of modesty and respect, and inscriptions and images on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverages is prohibited.
6. The possession of any illegal substances is prohibited and subject to legal action.
7. Smoking, vaping, e-cigarettes, smokeless tobacco, and cannabis in any form are prohibited.
8. Weapons and/or drug paraphernalia are prohibited.

INFRACTION OF THESE RULES CAN MEAN IMMEDIATE DISMISSAL WITH NO REFUND.

I understand and agree to the Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal my guardians (if under the age of 18) will be notified and/or I will be responsible ***for any and all costs related to the participants dismissal from activities and any all costs assessed by local authorities.***

Parent/Guardian initial _____ **Participant initial** _____

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 of 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 hospitalize, secure proper treatment for and to order injections, anesthesia or surgery if deemed necessary for my child.

MEDICAL INFORMATION

ALLERGIC TO MEDICATIONS: **YES** ☐ **NO** ☐

If **YES**, please describe:_____

ALLERGIC TO OTHER: _____

OTHER CONDITIONS: _____

INSURANCE INFORMATION

Policy in the name of: _____

Insurance Company: _____

Policy Number: _____ **I.D.#**

Insurance Phone: _____

Authorized Physician: _____

Physician Phone: _____

VIDEOS, PHOTOS, and VIRTUAL PLATFORMS

Video/photos may be taken during this event. This authorization form constitutes permission for my child's participation in video and/or photos, which may be used for future promotional efforts, including the Parish and/or Diocese of Joliet website. *Additionally*, this form constitutes permission to participate in virtual platforms such as Zoom, Google, Seesaw etc. for the purpose of programmic content. If you wish to opt out initial here:

Parent/Guardian Initial to Opt Out of Photos _____

EMERGENCY CONTACT

In the event of an emergency please contact:

Name: _____

Phone: _____ **Relation**_____

Name: _____

Phone: _____ **Relation**_____

Participant Signature		**Date**
Parent/Guardian Signature		**Date**