

# ST. JOSEPH YOUTH MINISTRY

## Permission Form

Event \_\_\_\_\_ Date \_\_\_\_\_

### GENERAL PERMISSION FORM

I request that my child, \_\_\_\_\_,  
be allowed to attend \_\_\_\_\_  
on (date) \_\_\_\_\_.

I hereby release and indemnify St. Joseph Church of Manteno, Illinois, 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.

### 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 behavior, 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 Behavior. 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: \_\_\_\_\_

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

Date: \_\_\_\_\_

### MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child, \_\_\_\_\_, to Mrs. Dawn LaMore and/or Mr. Larry Spiek, 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 hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery if deemed necessary for my child.

Participant's Name \_\_\_\_\_

Date: \_\_\_\_\_

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

If yes, please describe: \_\_\_\_\_

Medication(s) presently taking: \_\_\_\_\_

### Insurance Information

Policy in the name of: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Identification/Social Security #: \_\_\_\_\_

Authorized Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_

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

Date: \_\_\_\_\_

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

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_

Cell Ph. \_\_\_\_\_ Other \_\_\_\_\_

In case of Emergency, contact: \_\_\_\_\_

Phone #'s: \_\_\_\_\_