

Youth Group

**PERMISSION FORM  
PARENTAL/GUARDIAN AUTHORIZATIONS**

I hereby give permission for my child (name) \_\_\_\_\_ to participate in the following St. Dismas Parish activity which may or may not require transportation to a location away from the parish facility. I understand that if my child will be driven to and from the event by an adult driver that that driver will have submitted to a background check and have participated in the Archdiocese of Chicago Virtus Training Program. I also understand that all adult leaders from the parish will be in compliance with the guidelines of the Archdiocese of Chicago Virtus Training Program.

Name of Activity & Catechetical Purpose: **All Special Events**

Community Building:

- Destination: St. Dismas Property
- Date and Time of Event: TBA
- TO/FROM: N/A
- Date and Anticipated Time of Return: N/A
- Method of Transportation: On Own Designated Supervisor of Activity: TBA
- Participant Costs: N/A

I understand that the activity will take place: **on St. Dismas property**

And that my child will be under supervision. I further consent to the conditions stated above on participation in the event, including method of transportation if applicable.

I hereby release and indemnify The Catholic Bishop of Chicago, A Corporation Sole, The Archdiocesan office for Catechesis and Youth Ministry, St. Dismas Parish it's staff and volunteers and the Religious Education Program, 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 if my child violates any laws regarding possession of alcohol or drugs, or rules governing the event, arrangements will be made to immediately send my child home at the cost of the parents/guardian.

In the event that the undersigned, or my authorized physician, cannot be reached, and in the judgment of the designated supervisor of the activity or other responsible person accompanying the group, there is a necessity for immediate examination and/or treatment of my child I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

I GRANT PERMISSION for the adult chaperons for this event to administer non-prescription drugs as needed for my teen (i.e., aspirin, ibuprofen, antacids, etc.) YES \_\_\_\_\_ NO \_\_\_\_\_

I AUTHORIZE the Office for Catechesis/Youth Ministry of the Archdiocese of Chicago to use photographs/videos of my teen for productions, publications, etc. YES \_\_\_\_\_ NO \_\_\_\_\_

Physician Name: \_\_\_\_\_ phone # ( ) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Insurance number \_\_\_\_\_

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

Address \_\_\_\_\_ City, State \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell# \_\_\_\_\_

PLEASE LIST any allergies, medications, medical problems, physical activities/limitations that your teen CANNOT take part in.

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