

*Rockford Diocese Office for Youth Ministry*  
*Health & Permission Form*  
**For the Church of Holy Apostles' Chicago Trip, June 27, 2009**

Name \_\_\_\_\_ Birth Date \_\_\\_\_\\_\_ Sex \_\_\_ Age: \_\_\_

Parent(s) Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Work (\_\_\_\_) \_\_\_\_-\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_-\_\_\_\_

Allergies, Medications, Special Conditions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Medications: If you or, your son or daughter is currently taking prescribed or over the counter medication, those medications must be up to date and labeled clearly in the original containers with your child's name, the name of the medication, dosage, and administration times. Please inform the event director or staff of these medications upon arrival.*

Insurance Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

***Important – Must be Signed for Attendance***

I hereby give my permission for my child \ ward \_\_\_\_\_ to participate in \_\_\_\_\_ I hereby release and indemnify the Catholic Diocese of Rockford, it's parishes, agents, employees and volunteers from any and all demands, claims or liability of any kind or nature from my child's participation in this event.

I grant permission for the administration of First Aid to my child (named above) by the chaperones of the event, and to make necessary referrals to qualified physicians for the treatment of illness or accidents of a more serious nature. I understand that I will be responsible for any medical expenses incurred. I understand that I will be promptly notified in the event of any serious illness or accident prior to any major surgery, except when delay in such communication would endanger life. 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 \ ward.

Parent \ Guardian Signature: \_\_\_\_\_ Date: \_\_\\_\_\\_\_

I hereby release and indemnify the Catholic Diocese of Rockford, its parishes, employees, and volunteers from any all liability of any kind or nature from my own participation in this event.

Signature of Participant \_\_\_\_\_ Date: \_\_\\_\_\\_\_