

**ALPHA OMEGA**  
**ST. MARY OF VERNON YOUTH MINISTRY**  
236 U.S. HWY 45  
INDIAN CREEK, IL 60061  
(847) 362-1021

I hereby give permission for my teen \_\_\_\_\_

to participate in the **Spring Retreat** to be held from **Saturday, April 7-Sunday, April 8th, 2018.**

I understand that this event will take place at the St. Mary of Vernon Parish; that it will be chaperoned by adult leaders.

I hereby release and indemnify the staff and volunteers of St. Mary of Vernon, Indian Creek, Illinois and the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my teen's participation in this event.

I understand that my son/daughter will be asked to abide by the rules and respect the property of others. I realize that any serious misconduct will result in my being called to pick him/her up immediately.

I grant permission for the administration of first aid by the people of St. Mary of Vernon in charge of this event as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature.

**\*\*\*Is the year-long parental consent / medical form on file in the YM office for your teen? \_\_\_\_\_**  
**If not, then that form must also be filled out and turned in.**

\*Please list any changes to this form below, along with any medical allergies, medications being taken, medical problems, or physical activities the teen cannot take part in:

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

**Permission Forms & \$40** (scholarship money is available) **should be turned in**  
(to the Youth Ministry Mailbox or the Parish Office) **by Tuesday, April 3, 2018.**

If your Form will be late,

**At least call or email by the 3rd to RESERVE A SPOT!**

**847-362-1021    [jwelch@maryofvernon.org](mailto:jwelch@maryofvernon.org)**

**Good through July '18**

**PARENTAL CONSENT / STUDENT MEDICAL FORM**

**June 1, 2017 through July 31, 2018**

Student's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Cell\*: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\* Willing to receive texts?  Yes  No

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

Student email: \_\_\_\_\_ School: \_\_\_\_\_

In case of an accident, I (we) authorize permission for the administration of first aid to my (our) student by those in charge as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I (we) understand that I (we) will be promptly notified in the event of any medical emergency except when the delay in such communication would endanger life. In the event that I (we) cannot be reached I (we) give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I (we) will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental service rendered to my (our) child pursuant to this authorization. **This release form covers the time span from June 1, 2017 through July 31, 2018.**

I understand that St. Mary of Vernon Youth Ministry may contact my child by phone/cell phone, texting, email, and/or Social Media.

I understand that photos and/or videos of my child may be taken periodically and that they may be posted in the bulletin, on the St. Mary of Vernon Parish website (with name omitted) [[www.maryofvernon.org](http://www.maryofvernon.org)], and/or Parish social media pages.  I consent  I do not consent

**Parent(s)/Guardian** \_\_\_\_\_

Cell Phone No.1 \_\_\_\_\_ Cell Phone No. 2 \_\_\_\_\_

Parent(s) Email \_\_\_\_\_

**Other Contact in case of emergency:**

Name \_\_\_\_\_ Phone No. \_\_\_\_\_

**Authorized Physician** \_\_\_\_\_ Phone No. \_\_\_\_\_

**Insurance Information:**

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

Policy No. \_\_\_\_\_ Identification No. \_\_\_\_\_

**Please List any allergies and/or other medical conditions you think we should know about:**

**Signature of Parent/Guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_