

PERMISSION SLIP

1. Consent: I grant my permission for my child _____ to attend and participate in 2017 MARCH FOR LIFE PILGRIMAGE (hereinafter referred to as "Activity") [SCHOOL SPONSORED and/or CHURCH SPONSORED ACTIVITY]

to be held at WASHINGTON, D.C. on JANUARY 25-29, 2017.
[LOCATION] [INCLUSIVE DATE OR DATES]

2. Student Cooperation: My child agrees to abide by all the rules of aforementioned Activity and to obey the staff in charge of this Activity. The Parish, School, and Diocese will not be liable for my child's failure to cooperate and/or to abide by the rules. Any infraction of the rules may result in the immediate dismissal of my child from the Activity at my expense and without refund to me of the costs paid for the Activity.

3. First-Aid/Emergency Treatment: I authorize the School, Parish, and Diocese and its employees and volunteers to administer first-aid to my child if deemed necessary and appropriate to preserve the life, limb or well-being of my child. I authorize the Parish, School, and Diocese to contact and engage medical personnel and arrange for emergency treatment of my child, including transportation for medical, dental, surgical or hospital care or diagnosis, and I consent to that treatment for my child. I agree that I am financially responsible for such medical treatment.

4. Administration of Medication provided by parent/guardian of child: If my child needs to take prescription or non-prescription medication during this Activity, I have provided the medication in its original container. I give permission to an adult employee or adult volunteer to administer the medication or assist in the administration of the medication to my child in the dosage prescribed by the prescription or, for non-prescription medication, the dosage recommended on the container by the manufacturer. If there are explicit instructions for this medication, I state them here:

5. Release: I hereby release and discharge The Diocese of Rockford and its Bishop, and the Parish and School, and the officers, directors, employees, and volunteers of same, from all claims for personal injuries or property damage that I or my child may suffer while my child is attending and/or participating in the Activity, unless the injuries or damage resulted from willful misconduct of the Diocese, the Parish, the School or its employees. If I have provided medication for my child to take during this Activity, I hereby release and discharge The Diocese of Rockford and its Bishop, and the Parish and School, and the officers, directors, employees, and volunteers of same, from all claims for personal injuries or property damage that I or my child may suffer as a result of the administration of or lack of administration of or assistance in or lack of assistance in the administration of said medication to my child, whether by my child and/or an adult employee and/or an adult volunteer; unless the injuries or damage resulted from willful misconduct of the Diocese, the Parish, the School or its employees.

Date: _____

Parent/Guardian's Signature: _____

Name: _____ [PLEASE PRINT]

STUDENT OR YOUTH EMERGENCY INFORMATION

PARISH/SCHOOL/DIOCESAN ENTITY: LIFE & FAMILY EVANGELIZATION OFFICE CITY: ROCKFORD

FAMILY NAME _____

Only ONE EMERGENCY INFORMATION form per family unit is necessary.

Full Name of Child	Sex	Date of Birth	Special Health Condition (describe) or Medication prescribed or Dietary needs, etc

Home Address: _____

Name of Mother/Guardian: _____ Place of Employment: _____

Mother's work number: _____ Cell Number: _____

Name of Father/Guardian: _____ Place of Employment: _____

Father's work number: _____ Cell Number: _____

If divorced, name of legal custodial parent: _____

Do mother and father have Joint Custody: (YN) _____

If custodial parent cannot be reached, may we contact non-custodial parent? : (YN) _____

RESPONSIBLE ADULT(s) who have agreed to assume responsibility for child, if parent/guardian cannot be reached.

Name	Address	Phone	Relationship to Child

Physician of Choice: _____

Address: _____

Phone: _____

Hospital of Choice: _____

Address: _____

Phone: _____

If I, or responsible adult, and physician of choice, as indicated above, cannot be reached in an emergency and immediate medical and/or hospital attention is indicated, I hereby authorize the transporting of my child to a hospital or physician for treatment.

Date: _____

Signature: _____

Print name: _____

ADDITIONAL STUDENT/ YOUTH INFORMATION FOR THE 2017 MARCH FOR LIFE PILGRIMAGE

PARISH/SCHOOL INFORMATION

Group Name (Parish/School): _____

Group Leader's Name: _____

PARTICIPANT INFORMATION

Name as you wish it to appear on name badge: _____

May we contact participant via email? Y / N Participant Email: _____

Parent Email(s): _____

Will participant have a cell phone on the trip? Y / N Cell Phone #: (_____) _____

Are text messages OK? Y / N

MEDICAL / INSURANCE INFORMATION

Note: Participants should have a current copy of their insurance card with them at all times

Insurance policy in the name of: _____ Policy# _____

Insurance Company: _____ ID#/Group#: _____

Allergies (meds, foods, etc.): _____

Will your child be taking prescription medication at the time of the event? Yes _____ No _____

Can your child be responsible for taking his or her own medication? Yes _____ No _____

Medications/medical condition: _____

PERMISSION SLIP ADDENDUM

YES ___ NO ___ I grant permission for the adult chaperone for this event to administer non-prescription drugs (aspirin, ibuprofen, antacids, etc.) as needed for my child.

I understand that for all Diocesan activities there is a zero tolerance policy for any mood altering chemicals (including alcohol and illegal drugs), foul language, threats or any type of abuse and inappropriate physical contact. I understand that violation of this policy may result in the immediate dismissal of my child from the Activity at my expense and without refund to me of the costs paid for the Activity.

I understand that photography of the pilgrimage, events, sites and participants may be used by the Diocese of Rockford, its Bishop, Parishes and Schools, officers, directors, and volunteers of same, without further permission.

I am aware that the Archdiocese of Washington intends to broadcast the Youth Rally and Mass for Life 2017 ("Event") and also may use images from the Event in promotional materials. Through my own and/or my child's acceptance and use of the ticket to enter and attend the Youth Rally and Mass for Life 2017, I hereby grant the Archdiocese of Washington permission to use my own and/or my child's image and likeness in any television broadcast, photograph, video, internet site, audio-recording, and in any and all of its publications, including website entries (collectively "promotional materials") without payment or any other consideration. I understand and agree that these promotional materials will become the property of the Archdiocese of Washington and will not be returned. I hereby irrevocably authorize the Archdiocese of Washington to edit, alter, copy, exhibit, publish or distribute my own/my child's image or likeness for purposes of publicizing or promoting the Archdiocese of Washington's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my own/my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the promotional materials. I hereby hold harmless and release and forever discharge the Archdiocese of Washington from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf, my child's behalf, or on behalf of my estate have or may have by reason of this authorization.

Date: _____

Parent/Guardian Signature: _____

Participant Signature: _____