

**Vicariate 1 Service Day '18**  
**Youth Permission & Parental/Guardian Authorization**



I hereby give permission for my son/daughter: \_\_\_\_\_  
to participate in the Vicariate I Service Day. Teens will meet at Prince of Peace in Lake Villa and transported by qualified adults to volunteer locations where they will do service as well as at various other sites throughout Lake County. The event will take place on Sunday, December 9<sup>th</sup>, 2018 and will run from 1:15pm to 8:15pm.

I hereby release and indemnify the Catholic Bishop of Chicago, a Corporation Sole, Prince of Peace, it's staff and volunteers any and all liability arising from claims of any kind or nature whatsoever from my teen's participation in this event.

I UNDERSTAND that if my son/daughter violates any laws regarding possession of alcohol or drugs, or rules governing the event, I will be called to pick up my child immediately from his/her current location.

In the event that the undersigned cannot be reached and in the judgment of a responsible adult at this event or other staff member, there is a necessity for immediate examination and/or treatment of my teen, I hereby authorize any of the aforesaid personnel to obtain for my teen such medical services as are deemed necessary.

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

\*\*\*I AUTHORIZE the Parishes involved in the event to use photographs/videos of my teen for productions, publications, etc. \_\_\_\_\_  
YES \_\_\_\_\_ NO \_\_\_\_\_

**PARENT/GUARDIAN**

SIGNATURE: \_\_\_\_\_

TELEPHONE #(H) \_\_\_\_\_ (Cell #) \_\_\_\_\_

EMERGENCT CONTACT \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

EMERGENCY TELEPHONE # \_\_\_\_\_

\*\*\*\*PLEASE LIST any ALLERGIES, MEDICATIONS, MEDICAL PROBLEMS &/or PHYSICAL ACTIVITIES that your teen CANNOT take part in:

\_\_\_\_\_