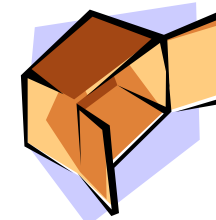


PARENTAL AUTHORIZATION FORM ~ Night of WOH ~ for Grades 8 through 12



Participant Name _____ Grade _____ Sex _____

Home Address _____ City: _____ ZIP: _____

Parent/Guardian Names _____ Participant's School: _____

Primary Phone Number _____ Parent's Email: _____

Type of Event: **Sleep-Out for Homelessness** Location: **Church of St. Timothy** Cost: **Monetary Donations for the homeless**

Date: **Saturday, October 5, 2019** (4:00 pm) through **Sunday, October 6** (9:15 am approx.)

Form due: **Wednesday, October 2, 2019**

Adult Chaperones are also needed!

EMERGENCY MEDICAL TREATMENT - In the event of an emergency, I give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, and you are **unable to reach me** at the above number, **please contact:**

HEALTH INFORMATION

Medication my child is taking currently _____

Allergies (drug, food, other) _____

Other Medical Conditions _____

Family Doctor / Clinic _____ Phone Number _____

Insurance Company _____ Family Health Plan carrier number _____

I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the Church of St. Timothy from any claims or law suits brought by myself, my child, or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school in defense of such a claim/suit.

I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the Code of Conduct provided by the Church of St. Timothy while participating in the event. I understand that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.

I, _____, **give permission for** _____ **to participate in the event described above.**
Print Parent or Guardian Name Print Child Name

Parent/Guardian Signature: _____

Date: _____

CODE OF CONDUCT

All participants are considered representatives of the Church of St. Timothy. As such, participants are expected to – and agree to – abide by the following rules for the overnight event sponsored by the Church of St. Timothy on **Saturday, October 5** through **Sunday, October 6, 2019**.

Please read and sign.

I, _____, **WILL:**
Printed Name of Youth Participant

- Treat all persons with respect, causing no intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities property.
- Follow all appropriate instructions from all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Arrive on time for all check-ins and depart promptly after the event.
- Abstain from possessing or using tobacco, alcohol or any controlled illegal substance during the event and immediately prior to the event.

I agree that if any of these terms are violated, the Parish can send the participant home at the participant/guardian's expense.

Youth Participant Signature

Date

Parent/Guardian Signature

Date