

**DIOCESE OF PEORIA EMMAUS DAYS 2011 PERMISSION FORM FOR ADULTS**

(This form is required for all participants.)

**Session I:** High School Junior & Seniors:  
June 3-5, 2011 Nazareth House, Henry, IL

**Session III:** High School Freshman & Sophomores  
July 10-13, 2011 St. Bede Abbey, Peru, IL

**Session II:** High School Graduates & College Aged  
June 24-27, Nazareth House Henry, IL

**Session IV:** 7<sup>th</sup> and 8<sup>th</sup> Graders  
July 13-15, 2011, St. Bede Abbey, Peru, IL

**PARTICIPANT INFORMATION**

<p>Participant Name: _____</p> <p>Address: _____ _____</p> <p>Phone Number: (____) _____</p> <p>E-mail Address: _____</p> <p>(optional)</p> <p>Home Parish: _____</p>	<p>Session Attending (circle one):</p> <p align="center"><b>I    II    III    IV</b></p> <p>Location (please check one):</p> <p>Nazareth House, Henry, IL _____</p> <p>St. Bede Abbey, Peru, IL _____</p> <p>Adult T-Shirt Size: (circle one)    <b>S    M    L    XL</b></p>
<p>Date of Birth: _____</p> <p>Grade Level for Fall 2011: _____</p>	<p>Participant Fees:    \$    <u>        \$60.00        </u></p> <p>Parish Fees:        \$    <u>        \$95.00        </u></p> <p>Pastor Signature: _____</p>
<p>Have you previously attended Emmaus Days?    <b>Y    N</b></p> <p>If yes, what years? _____</p>	<p align="center"><b>OFFICE USE ONLY</b></p> <p>Parish Fee Paid    _____</p> <p>Participant Fee Paid _____</p>

**PLEASE RETURN THE COMPLETED REGISTRATION FORM WITH ANY MONEY DUE NO LATER THAN TWO WEEKS PRIOR TO THE EMMAUS DAYS SESSION YOU PLAN TO ATTEND**

**MEDICAL INFORMATION**

Does the participant have any known allergic reactions or chronic illnesses?  Yes  No

If yes, please describe: \_\_\_\_\_

Will the participant need to take any medication while on this trip?  Yes  No

If yes, list name of medication: \_\_\_\_\_

**PARTICIPANT MEDICAL INFORMATION & EMERGENCY FORM**

**Participant:**

Name (first, middle, last): \_\_\_\_\_

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

**Participant's Regular Physician:**

Name (first, last): \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

**Medical Conditions:**

Please list any medical conditions of the participant (asthma, diabetes, epilepsy, etc.): \_\_\_\_\_

\_\_\_\_\_

List any allergies or allergic reactions to medications of the participant: \_\_\_\_\_

\_\_\_\_\_

List any medications the participant is presently taking: \_\_\_\_\_

\_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

\_\_\_\_\_

Date of participant's most recent tetanus shot: \_\_\_\_\_

**Medical Insurance Information:**

Company: \_\_\_\_\_

Plan Number: \_\_\_\_\_ Employee Identification #: \_\_\_\_\_

**Emergency contacts:**

Name (first, middle, last): \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

Relationship (friend, neighbor, coworker, etc.): \_\_\_\_\_

*Other Contact*

Name (first, middle, last): \_\_\_\_\_ Phone (including area code): \_\_\_\_\_

Relationship (friend, neighbor, coworker, etc.): \_\_\_\_\_

**Authorization for Emergency Medical Treatment**

This information will be kept in the possession of the Office of Vocations. A copy will be distributed to the person in charge of each Emmaus Days Session which the participant attends. Should the need arise this information will be given to the proper medical authorities.

I, \_\_\_\_\_ [the participant], understand that in the case of illness or injury, the Office of Vocations will try to notify the person I have listed above as an emergency contact. In case of medical emergency at a time when my listed emergency contact cannot be notified, I grant full power to the Office of Vocations to 1) arrange my transportation, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and 2) sign releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

STATE OF ILLINOIS )

) SS.

COUNTY OF \_\_\_\_\_ )

SIGNED AND SEALED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public