

EMMAUS DAYS REQUIREMENT FORMS

Minor

MINOR FORMS

Diocese of Peoria Emmaus Days Permission Form includes;

- Participant Agreement
- Medical Information
- Parental Authorization
- Driver Information (if applicable)

Student Medical Information & Emergency Form includes;

- Authorization for Emergency Medical Treatment Form

Publicity Form

DIOCESE OF PEORIA EMMAUS DAYS 2011 PERMISSION FORM FOR MINORS

(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: 7th and 8th Graders
July 13-15, 2011, St. Bede Abbey, Peru, IL

PARTICIPANT INFORMATION

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

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

STUDENT AGREEMENT / CODE OF CONDUCT

While participating in Emmaus Days 2011, I will accept responsibility for maintaining good conduct and appearance. I will listen attentively and will follow the supervisor's directions at all times. I understand that the Diocese of Peoria has the right to terminate my participation in the field trip at any time if my conduct is not appropriate and/or if I fail to follow the supervisor's directions. I understand if I am removed from Emmaus Days my parents are responsible for my travel expenses.

Signature of Student

Signature of Parent

Date

Date

PERMISSION & MEDICAL INFORMATION

MEDICAL INFORMATION

Does the student have any known allergic reactions or chronic illnesses? Yes No
 If yes, please describe: _____

Will the student need to take any medication while on this trip? Yes No
 If yes, list name of medication: _____

Name of Insurance Company: _____ Group Identification/Policy # _____

Name of Primary Physician: _____ Physician's Phone # (including area code): _____

PARENTAL AUTHORIZATION

I request that my child, _____, be allowed to participate in the retreat listed above. I understand that this activity will take place away from the parish grounds, and I grant my consent to the method of transportation. I further understand that this trip exposes my child to unpredictable risks and dangers. If emergency medical treatment is required due to accident, injury or illness, and I cannot be reached immediately, I hereby empower parish officials to exercise their discretion to transport my child to a hospital emergency room or other medical facility for treatment and to sign any releases that may be required in order to obtain medical treatment for my child.

If private vehicles are used for transportation, I give permission for my child to (check all that apply, if applicable):
 Ride with another parent Ride with teacher/staff Ride with another student Drive himself

Signature of Parent

Date

Phone # where I can be reached during retreat: () _____ (Cell) () _____ (Work) () _____ (Home)

STUDENT MEDICAL INFORMATION & EMERGENCY FORM

Student/Minor:

Name (first, middle, last): _____

Address: _____

Student/Minor's Regular Physician:

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

Medical Conditions:

Please list any medical conditions of the student/minor (asthma, diabetes, epilepsy, etc.): _____

List any allergies or allergic reactions to medications of the student/minor: _____

List any medications the student/minor is presently taking: _____

Other pertinent medical information: _____

Date of student/minor's most recent tetanus shot: _____

Medical Insurance Information:

Company: _____

Plan Number: _____ Employee Identification #: _____

Emergency contacts:

Parent or Guardian

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

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 parish. A copy will be distributed to the person in charge of each trip or athletic activity in which the student/minor participates. Should the need arise this information will be given to the proper medical authorities.

I, _____ [parent/guardian], understand that in the case of illness or injury to my child, _____ [child's name], the parish will try to notify me or the person I have listed above as an emergency contact. In case of medical emergency concerning my child, at a time when I or my listed emergency contact cannot be notified, I grant full power to the parish to 1) arrange for the transportation of my child, 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.

Signature of Parent/Guardian

Signature of Parent/ Guardian

Printed Name of Parent /Guardian

Printed Name of Parent/Guardian

Date:

Date:

STATE OF ILLINOIS)

) SS.

COUNTY OF _____)

SIGNED AND SEALED before me this _____ day of _____, 20_____.

Notary Public

**CATHOLIC DIOCESE OF PEORIA PUBLICITY FORM
SUMMER 2011**

On occasion, the department named above takes photographs or makes an audio or video recording of children and/or adults involved in parish activities. Such photographs or video records may be used by staff and participants to remember the activities or participants. In addition, such photographs and audio/visual recordings may be used in parish publications or advertising materials to let others know about the parish. Also, local news organizations may learn about the parish's activities or events, and the parish may invite or allow them to photograph or record such events to be used, distributed, or displayed as the agents of the parish see fit.

I hereby expressly grant to the parish named above and/or the Diocese of Peoria the right, privilege and license to use the picture or likeness of my child/children in any photograph, movie, video production or any other forms of media publication and to use the verbal or written statements or declarations of my child/children for the purpose of publicizing, fostering and promoting the parish and its programs, or for any other purpose in furtherance of the mission of the parish and/or the Diocese of Peoria.

Name of Student(s): _____

Signature of Parent/Guardian

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Printed Name of Parent/Guardian

Date

Date