

St. John the Evangelist Catholic Parish CRUSH High School Youth Ministry,  
St. Colette and Our Lady of the Wayside Catholic Parishes  
**KAIROS 7 Retreat – February 15<sup>th</sup> thru February 18<sup>th</sup>, 2019**  
Bishop Lane Retreat Center, 7708 E. McGregor Rd., Rockford, Illinois 61102  
Youth Permission & Parental/Guardian Authorization

I hereby give permission for my son/daughter \_\_\_\_\_ (name) to participate in the Kairos Retreat held at the Bishop Lane Retreat Center. **I understand that transportation for this event will be via Bus from St. John the Evangelist Catholic Parish to the Bishop Lane Retreat Center in Rockford, Illinois.** I also understand that my child will be under supervision and that all adult leaders from the Parish/School/Deanery/Vicariate will be in full compliance with the requirements and policies of the Archdiocese of Chicago's Office for the Protection of Children and Youth.

I HEREBY RELEASE AND INDEMNIFY THE CATHOLIC BISHOP OF CHICAGO, A CORPORATION SOLE, St. Colette, Our Lady of the Wayside, and St. John the Evangelist Catholic Parishes, it's staff and volunteers from 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, arrangements will be made to immediately send my teen home at the cost of the parents/guardian.

**IN THE EVENT THAT THE UNDERSIGNED CANNOT BE REACHED AND IN THE JUDGEMENT OF THE 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 chaperones for this event to administer non-prescription drugs as needed for my teen i.e., aspirin, ibuprofen, antacids, etc.)**

YES \_\_\_\_\_ NO \_\_\_\_\_

**\*\*\*I AUTHORIZE St. Colette, Our Lady of the Wayside Catholic Parishes, St. John the Evangelist Catholic Parish CRUSH Youth Ministry, and The Archdiocese of Chicago to use photographs/videos of my teen for productions, publications, website and facebook, twitter or Instagram.**

YES \_\_\_\_\_ NO \_\_\_\_\_

**PARENT/GUARDIAN**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**TELEPHONE # (h)** \_\_\_\_\_ **(cell #)** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**RELATIONSHIP** \_\_\_\_\_

**(Over)**

**\*\*\*PLEASE LIST ANY ALLERGIES, MEDICATIONS, MEDICAL PROBLEMS, PHYSICAL ACTIVITIES/LIMITATIONS that your teen CANNOT take part in AND/OR any other important information.**

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**CURRENT MEDICATION:** \_\_\_\_\_

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**PHYSICIAN INFORMATION:**

**Name of Physician** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**INSURANCE INFORMATION:**

**Policy in the name of:** \_\_\_\_\_

**Insurance Company:** \_\_\_\_\_

**Policy number:** \_\_\_\_\_

**Identification number:** \_\_\_\_\_