



Holy Family Journeys Program

PERMISSION & AUTHORIZATION FORM FOR MEDICAL TREATMENT

I/We, the parent(s) of _____ request that Holy Family Youth Ministry program allow my/our child to participate in

Event: multi-night wilderness canoe expedition in the Boundary Waters, MN

When: July 12-18 – departure 730A on the 12th, return around 5PM on the 18th.

Place: meet at Holy Family

Cost for this program is \$500 + \$500 fundraising. Includes use of sailboat, shore excursions, equipment and all food except lunch on the 25th (bring a sack lunch). You must sign-up at <http://www.chicagovoyagers.org/holyfamily/> to be registered for this program.

I hereby release and indemnify Holy Family Parish, its staff and its volunteers and the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

In the event that the undersigned or my (our) authorized physician, cannot be reached, and in the judgment of a responsible person accompanying the group, or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my (our) child, I/We hereby authorize any of the aforesaid people to obtain for my child such medical services as are deemed necessary.

Family Physician _____ Phone Number _____

Name of Insurance Co. _____ Policy Number _____

Person to contact in case of emergency (make sure at least one parent/guardian is listed):

Name/Relationship

Phone Number

Name/Relationship

Phone Number

Parent/Guardian Signature

Date