## PERMISSION SLIP FOR MULTIPLE ACTIVITIES

1.	Consent:	I grant my	permission	for my c	hild			t	0
attend	and partic	ipate in the	activities ide	entified o	on page 2	of this	Permission	Slip	(these
events	are referre	ed to in this	Permission	Slip as	"Activities"	').			

- 2. Student Cooperation: My child agrees to abide by all the rules of these Activities and to obey the staff in charge of these Activities. The Parish, School, and Diocese will not be liable for my child's failure to cooperate and/or to abide by the rules. Any infraction of the rules may result in the immediate dismissal of my child from the Activity or Activities at my expense and without refund to me of the costs paid for the Activity or Activities.
- 3. First-Aid/Emergency Treatment: I authorize the School, Parish, and Diocese and its employees and volunteers to administer first-aid to my child if deemed necessary and appropriate to preserve the life, limb or well-being of my child. I authorize the Parish, School, and Diocese to contact and engage medical personnel and arrange for emergency treatment of my child, including transportation for medical, dental, surgical or hospital care or diagnosis, and I consent to that treatment for my child. I agree that I am financially responsible for such medical treatment.
- 4. Administration of Medication provided by parent/guardian of child: If my child needs to take prescription or non-prescription medication at any of these Activities, I will provide the medication in its original container. I give permission to an adult employee or adult volunteer to administer that medication or assist in the administration of that medication to my child in the dosage prescribed by the prescription or, for non-prescription medication, the dosage recommended on the container by the manufacturer. If there are explicit instructions for this medication, I will provide same in writing.
- 5. Release: I hereby release and discharge The Diocese of Rockford and its Bishop, and the Parish and School, and the officers, directors, employees, and volunteers of same, from all claims for personal injuries or property damage that I or my child may suffer while my child is attending and/or participating in any of the Activities identified on page 2 of this Permission Slip, unless the injuries or damage resulted from willful misconduct of the Diocese, the Parish, the School or its employees. If I provide medication for my child to take during any of these Activities, I hereby release and discharge The Diocese of Rockford and its Bishop, and the Parish and School, and the officers, directors, employees, and volunteers of same, from all claims for personal injuries or property damage that I or my child may suffer as a result of the administration of or lack of administration of or assistance in or lack of assistance in the administration of said medication to my child, whether by my child and/or an adult employee and/or an adult volunteer; unless the injuries or damage resulted from willful misconduct of the Diocese, the Parish, the School or its employees.
- 6. In the event I later decide to not allow my child to attend an Activity identified on Page 2 of this Permission Slip, I understand I am required to notify the parish/school/Diocesan entity in writing to the following email address:

donna@stgall.com
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	apply:	
This F	Permission Slip applies to all home a	
dates	[sport] team in the and locations are specifically identif	[school year] season. Those
	and recalled are specifically lacinin	
This F	Permission Slip applies to all Activitie	es that are identified below
	cirriodion clip applied to all Activities	of that are identified below.
Date	Name	Location
of Activity	of Activity	of Activity
NE 10-14, 2024	VACATION BIBLE SCHOOL	ST GALL CHURCH
Y 9, 2024	VBS MEETING	ST GALL CHURCH
Y 29, 2024	VBS MEETING	ST GALL CHURCH
NE 5, 2024	VBS MEETING	ST GALL CHURCH
NE 7, 2024	VBS MEETING	ST GALL CHURCH
NE 9, 2024	VBS MEETING	ST GALL CHURCH

Paren	il/Guardian's Signature.	
Name	9:	
	[PLEASE PRINT]	
Date:		

9/1/2019

## STUDENT OR YOUTH EMERGENCY INFORMATION

PARISH/SCHOOL/DIOCESAN ENTITY: ST GALL CHURCH				CITY: ELBURN			
FAMILY	NAME						
Only ON	E EMERGENCY INFORMATION	ON form per family unit is n	ecessary.				
	Full Name of Child	Sex	Sex Date of Birth	Special Health Condition (describe) or Medication prescribed or Dietary needs, etc.			
Home Ad	ddress:			Phone:	<del></del>		
Name of	Mother/Guardian:	Plac	ce of Employment:				
Mother's	work number:	Cell Nui	mber:				
Name of	Father/Guardian:	Plac	e of Employment:				
Father's	work number:	Cell Nur	mber:				
If divorce	ed, name of legal custodial par	ent:					
Do Moth	er and Father have Joint Custo	ody? (Y/N)					
If custod	ial parent cannot be reached, ι	may we contact non-custod	ial parent?	(Y/N)	_		
RESPON	NSIBLE ADULT(s) who have a	greed to assume responsib	ility for child, if par	ent/guardian cannot be re	eached.		
	Name	Address		Phone	Relationship to Child		
Physicial Address: Phone:							
Address	of Choice:		_				
If I, or reand/or he	sponsible adult, and physician ospital attention is indicated I h	of choice, as indicated abo nereby authorize the transpo	ve, cannot be read orting of my child to	ched in an emergency and o a hospital or physician f	l immediate medical or treatment.		
Signatur	e:						
Print nar	ne:						
Date:							