

Catechist: _____

Church of the Holy Spirit

1451 W. Bode Rd. ~ Schaumburg, IL 60194 ~ Ph. 847-882-7580 ~ 847-882-7584 ~ Fax 847-882-1845

Feed My Starving Children Permission Form

Date: Saturday 3/23/19

Due: Sunday 3/10/19

Name of child: _____ has my/our permission to attend the Church of the Holy Spirit **Feed My Starving Children Service Opportunity** at 740 Wiley Farm Ct, Schaumburg, IL 60173 **Saturday, March 23rd, 2019 from 8:45am - 11:00am**

It is understood that all reasonable precautions will be taken by those in charge to prevent injuries, but neither those in charge shall be held responsible in case of accident. I hereby release and indemnify Church of the Holy Spirit, Mrs. Rosi Viquez, the staff, the volunteers, and the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from any claims of any kind or nature whatsoever from my child's participation in this event. I understand that if my teen violates any of the rules regarding possession or use of alcohol, or other drugs, or rules governing the trip and use of the property, I will be held accountable for damages and called to arrange immediate transportation home for my teen. **I understand that my teen should arrive at Feed My Starving Children at 8:45 am and should be picked up at 11:00 am.**

Signature of Candidate: _____ **Birthdate:** _____

Signature of Parent: _____ **Date:** _____

Emergency number: _____ **Email:** _____

My child: _____ **will be picked up by me** _____ **be driven home by:** _____

Please list two other people to notify in an emergency if you cannot be reached:

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

MEDICAL INFORMATION AND PERMISSION FORM

I grant permission for first aid to be given to _____ by Mrs. Rosi Viquez, and the catechists as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accident of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery except when delay in communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. In the event that I cannot be reached, I hereby give permission to the physicians selected by the adult staff to hospitalize, secure proper treatment for, and order injection, anesthesia or surgery, if deemed necessary for my child.

Signature of Parent/Guardian: _____ **Date:** _____

Please list any medical problem, condition or food/ severe allergies here:

Permission forms need to be returned to the office.
No student can attend without returning the permission form and registering online at:
<https://www.fmsc.org/group-results?group=K2YPVK> **Code: K2YPVK**