

Parental Authorization Form for House of Charity

Participant Name _____ Grade _____ Sex _____ Parent/Guardian Names _____

Home Address _____ City: _____ State: _____ ZIP: _____ Home Phone (____) ____ - _____
Work/Cell Phone (____) _____

Type of Event: House of Charity Service Project Student Cost \$0
Date: Departure: 8:30 am after Mass Return 12:30 Destination: Mpls Transportation: Personal Vehicles

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact:

_____ (____) ____ - _____
Name Phone Number

Relationship

HEALTH INFORMATION:

Medication my child is taking at present _____ Allergies (drug, food, or other _____)

Other Medical Conditions _____ Family Doctor _____ Phone Number (____) ____ - _____

Insurance Company _____ Family Health Plan carrier number _____

I, _____, GIVE PERMISSION FOR _____ TO PARTICIPATE IN THE ABOVE-DESCRIBED EVENT.
Parent or Guardian Name Child Name

I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Church of St. Timothy from any claims or law suits brought by myself, my child, or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school in defense of such a claim/suit.

I agree to drop my child off at the departure location at least 15 minutes prior to departure and to provide transportation home at my expense.

I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the Code of Conduct provided by Church of St. Timothy while participating in the event. I understand that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.

Parent/Guardian Signature _____ Date _____

_____ Yes, I would like to help chaperone	_____ Yes, I would like to help drive with _____ # of seat belts
_____ Yes, I have a background check on file at St. Timothy's	_____ Yes, I have a driver record check on file at St. Timothy's
_____ No, I do not have a background check on file at St. Timothy's	_____ No, I do not have a driver record check on file at St. Timothy's
_____ No, I am not able to help chaperone this event	_____ No, I am not able to help drive for this event

CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing Church of St. Timothy.

Please read and sign.

I, _____, WILL:
Printed Name of Youth Participant

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure time.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance

I agree that if any of these terms are violated, the Parish can send the participant home at the participant/guardian's expense.

Youth Participant Signature

Date

Parent/Guardian Signature

Date

Please return to: The Confirmation Coordinator in the office no later than the Wednesday before event.