



Diocese of Joliet

Religious Education Office, 430 North Center Street, Joliet, IL 60435
St. Matthew Teen Ministry, 1555 Glen Ellyn Rd. Glendale Hts, IL. 60139

815-727-6411 • Fax 815-722-7361
630-469.6300 • www.stmatthewimpact.com

MEDICAL PERMISSION FORM (FOR ALL PARTICIPANTS REGARDLESS OF AGE)

I understand this medical permission slip is effective for all activities and events held August 23, 2009 to July 31, 2010 sponsored, co-sponsored, held or supported by St. Matthew Parish. Events and activities are not limited to the St. Matthew Parish property. I understand that it is my responsibility to keep an updated version of my insurance card and information on file with the office of St. Matthew Teen Ministry.

I hereby grant permission for the administration of First Aid to myself / my child/ my children listed below as "Participant." First Aid may be administered by the people in charge of activities held, sponsored, co-sponsored or supported by the St. Matthew Parish Teen Ministry as their judgment deems advisable and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature.

In case of medical emergency, I understand that every effort will be made to contact me, the parent/guardian of the participant. I understand I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life.

In the event that I cannot be reached nor those specifically listed below, I hereby give permission to the physicians selected by the leaders in charge of the activity or event to hospitalize, to secure proper treatment for and to order injection, anesthesia or surgery, if deemed necessary for my child.

Signed in agreement thereof,

Signature (Parent/Guardian) _____

Print Name: _____ Date Signed _____

Participant Name (Print) _____ BirthDate _____

Allergic to medication/other? YES _____ NO _____

If yes, describe _____

Medication(s) presently taking _____

Please list other health problems _____

Insurance Information

Policy in the name of _____

Insurance Company _____

Policy Number _____ ID Number _____

Relevant Authorized Physician _____

Authorized Physician Phone () _____

Please attach a photocopy of your insurance card(s).

Address (street, city, state, zip) _____

Home1 Phone () _____ Home2 Phone () _____

Work1 Phone () _____ Work2 Phone () _____

Cell1 Phone () _____ Cell2 Phone () _____

BEST PHONE NUMBER TO CALL FIRST: Please Check One

Home1 Home2 Work1 Work2 Cell1 Cell 2

In the event no one can be reached, additional Emergency Contact: _____ () _____



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PERMISSION FORM & CODE OF BEHAVIOR FOR ST. MATTHEW ACTIVITIES INCLUDING THE 2010 MISSION TRIP

Permission: I request that myself my child, _____, be allowed to participate in the **St. Matthew IMPACT Mission Trip and all activities in support of the trip, including, but not limited to all fundraising events.**

I hereby release and indemnify St. Matthew Parish, Glendale Heights, IL, its affiliates, staff, volunteers and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's/children's participation in these event.

Videotaping & Still Photographs: Video and still photos will be taken during these events. This permission form constitutes permission for possible participation in the videotape and – or still photographs. These may be used for future promotional efforts.

Code of Behavior: You are representing our parish and our diocese during this event, and we expect you will represent us well. We expect that you will display a mature and responsible behavior that for many years has been the trademark of Catholic youth and adults of our diocese. Participants are expected to adhere to the following:

- All participants are expected to arrive on time.
- All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
- Dress should reflect the value of modesty.
 - o Writing on clothing must reflect Christian values
 - o Caps, hats, and other headgear are not permitted during prayer and liturgy celebrations.
- Littering is not permitted.
- The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug by an individual is not permitted. Tobacco smoking is also not permitted. Weapons and/or drug paraphernalia of any kind are not allowed.
- If under the age of 18, prescription drugs in the original prescription bottle with instructions for dosage must be given to the Adult Parish Leader, including but not limited to the Coordinator of Youth Minister for St. Matthew.

Infraction of these rules may mean immediate dismissal (without refund where applicable). Parents or legal guardians will be notified and responsible for removal of the violators of this Code of Behavior as quickly as possible or will be responsible for any costs associated with this dismissal, if any. Participants will be responsible to local authorities as well.

Cost: I agree to the fee schedule of the Mission Trip as follows: **(this closely follows the payment schedule the parish will follow regarding payment to the Mission Trip provider Catholic Heart Workcamp, CHWC)**

- By October 18, 2009 - \$100.00 deposit submitted with this permission form to reserve a space.
- By January 17, 2010 – Payment of \$75.00
- By February 28, 2010 – Payment of \$50.00
- **Total Mission Trip Participant Fee - \$225.00**

**** Any cancellation will be subject to the fees and penalties charged to St. Matthew Parish by Catholic Heart Workcamp, the Mission Trip provider. Late payments will result in a \$10 late fee for each deadline and may result in cancellation. Fundraising Fees are the responsibility of the participant and family and must be paid or earned, as outlined in the Mission Trip Packet, by June 15th or trip may be cancelled ****

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved. I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

I.M.P.A.C.T. Teen Ministry

High School Teen Agreement For Summer Mission Trip

I (print name) _____ agree for the benefit of the group to:
be an active participant in all IMPACT activities including weekly meetings
attend mission trip meetings
participate in fund raisers
participate in local service to the parish and community

I agree to notify the adults in charge of the event before missing a meeting or fund raiser or service project. I will make a reasonable effort to call for a ride to an event if my usual ride is not available.

I understand that the deposit for the trip is not refundable. I also understand that the money raised through fund raisers will be divided according to the amount of work put into the fund raiser by each individual and that each fundraiser has a value attached to it which can be found in the Mission Trip Packet. I understand that the total cost of the trip is approximately \$550.00. I will be responsible for the balance due if I choose not to participate in fund raising.

I will participate in group and individual service projects in preparation for the mission. I will complete all required hours of service before May 30, 2010, and commit to the PADS project after the mission trip.

I will respond to all messages (voicemail, text, email, etc.) regarding all mission trip activity and to provide an electronic address (email or Facebook) that I check regularly for updates and information regarding the Mission Trip.

I have read the above and agree to it:

Youth signature: _____ Date: _____

Parents:

I have read the above and agree that my child will participate accordingly. I agree to help with the preparations for the trip to the best of my ability. I give permission for my child to participate in the preparations for the trip. I agree to take possession of my child at any time and any place should the adults in charge of the event feel that my child's behavior warrants it.

Parent Signature: _____ Date: _____

I.M.P.A.C.T. Teen Ministry

Young Adult Agreement For Summer Mission Trip

I (print name) _____ agree for the benefit of the group to:

- be participating in Mass and other parish/campus activities
- attend mission trip meetings when possible
- participate in fund raisers
- participate in local service to the parish and community

I understand that the deposit for the trip is not refundable. I also understand that the money raised through fund raisers will be divided according to the amount of work put into the fund raiser by each individual and that each fundraiser has a value attached to it which can be found in the Mission Trip Packet. I understand that the total cost of the trip is approximately \$550.00. I will be responsible for the balance due if I choose not to participate in fund raising.

As a model of Christian Service to those teens in high school, I will participate in group and individual service projects in preparation for the mission. I will complete all required hours of service before May 30, 2010, and commit to the PADS project after the mission trip.

I understand that my principle role of a young adult leader on this mission trip is to model the Christian commitment towards service of others and to help all engage in active participation in all forms of worship. I will offer up my talents to the group in any way necessary to make this a spirit filled experience for all; including leading small group discussion and prayer time on the trip.

I have read the above and agree to it:

Young Adult signature: _____ Date: _____
