

**JOLIET DIOCESE VOCATION OFFICE
ST. JOHN VIANNEY SEMINARY TRIP
PARENTAL PERMISSION FORM**

PARENTAL / GUARDIAN AUTHORIZATIONS - Required of all participants

I hereby give permission for my child _____ to participate in the trip to St. John Vianney Seminary in St. Paul, MN February 17-19, 2022, with the designated chaperone. Authorization and permission is hereby given to the diocese to furnish any necessary transportation, food and lodging for my child. I hereby release and indemnify the Vocation Office, its staff, volunteers, and the Joliet Diocese, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

I further agree to hold harmless and indemnify the Diocese of Joliet, its directors, employees and agents, for any liability sustained by the diocese as the result of the negligent, willful or intentional acts of my child, including expenses incurred attendant thereto.

Student Name _____

Birthdate ____/____/____

Signature of Parent/Guardian

Year in School _____

Email _____

(____) _____
Area Code and Phone Number

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MEDICAL PERMISSION FORM

I grant permission for the administration of first aid to (Fill in the name of the child) _____ BY THE PEOPLE IN CHARGE OF THE ST. JOHN VIANNEY SEMINARY TRIP, and those transporting my child to and from the program as their judgement deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parents/guardian of the participant. In the event I cannot be reached, I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed as necessary for my child.

Signature of Parent/Guardian _____ Email address _____

Date: _____ Address: _____

Phone: (____) _____ City, State: _____

Any medication or medical condition that chaperones should be aware of: _____

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INSURANCE INFORMATION

Policy in name of: _____

Insurance Company: _____ Policy No.: _____

Send this completed form to the Vocations Office
email to Vocations@dioceseofjoliet.org or fax: 815-838-8129
Mailing address: Blanchette Catholic Center, Vocations Office, 16555 Weber Road, Crest Hill, IL 60403