



JOLIET CATHOLIC ACADEMY

1200 N. Larkin Ave.
Joliet, IL 60435

PARENTAL PERMISSION SLIP AND LIABILITY RELEASE FORM

EVENT: Senior/Freshman Service Day

LOCATION(s): Numerous Service Locations around the Joliet Area

DATE OF EVENT: Tuesday October 7th, 2021

INDIVIDUAL{S} IN CHARGE OF AND RESPONSIBLE FOR EVENT: Mrs. Melisa Ferro, Fr. Jeff Smialek

MODE OF TRANSPORTATION TO BE USED: Mini-bus or car driven by faculty/staff member

The undersigned parent{s} / legal guardian give permission for our {my} child _____
to attend and participate in the above described event. (first and last name)

We {I} understand that this event will take place at a location away from the school grounds, that the above-described mode of transportation to and from the location will be used, and that our {my} child will be under the supervision of the above-designated individual{s}.

In case of a medical or dental emergency, we {I} give our {my} consent and authorization for any necessary treatment, to include treatment by a licensed physician or dentist and transfer to any hospital reasonably accessible.

The following information is provided for any licensed physician, dentist, or hospital not having access to our {my} child's medical history:

MEDICAL INSURANCE COMPANY: _____

POLICY NO: _____

FAMILY PHYSICIAN: _____

PHYSICIAN PHONE NUMBER: _____ DATE OF LAST TETANUS SHOT: _____

ALLERGIES: _____

MEDICATION BEING TAKEN: _____

OTHER PERTINENT INFORMATION: _____

In case of an emergency, we {I} can be reached by phone at:

HOME: _____ WORK: _____ CELL: _____

We {I} shall be liable for and agree to pay all costs and expenses incurred in connection with any medical or dental treatment rendered pursuant to this authorization. Further, should it be necessary for our {my} child to return home due to medical reasons, disciplinary action or otherwise, we {I} agree to pay transportation costs.

Finally, in consideration for our {my} child's participation in this event, we {I} release, discharge and agree to hold harmless Joliet Catholic Academy, its agents and employees from any and all liability, claim or demands for personal injury, illness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by us and/or {my} child while our {my} child is participating in the event {including transportation to and from the event}, hereby assuming all risk of personal injury, illness, death, damage and expense as a result of participation in this event.

We {I} have fully read this form and sign voluntarily with knowledge of its terms and conditions.

Parent/Legal Guardian Signature

Date