

† CIA Jr Hi & H.S. Service Project

Serve Food to the Hungry at Catholic Charities

Thurs, Jan 31, 2019

4:30pm - 8:00pm

(Space is limited. Forms must be turned in to reserve your spot!)



FEED THE HUNGRY

Schedule:

4:30pm - Meet at St. Alphonsus Parish Office, 411 N. Wheeling Road

4:45pm - Depart for Catholic Charities, 1717 Rand Rd, Des Plaines

5:30pm - 7:00pm Work and serve the hungry

7:30pm - Depart for St. Alphonsus Parish Office. We should arrive by 8pm
(If time allows we will stop at a nearby place for ice cream. Send money.)

Bring food to eat in the car ride there because you will be working through dinner hour!



Permission forms are due by Monday, Jan 21, 2019

Questions? Contact Kathy McGourty at

youthministry@saintalphonsus.com

Youth Permission Form Completed by Parent/Guardian for
Jr High & H. S. Catholic Charities Service trip ~ Jan 31, 2019
THE FOLLOWING FORM MUST BE COMPLETE FOR EACH PARTICIPANT

I give permission for my son/daughter (PRINT participant's name) _____
First Last (gr)
to participate in the Jan 31, 2019 Service Project sponsored by St. Alphonsus TCIA. I hereby release and indemnify the Archdiocese of Chicago, St. Alphonsus Parish for this event, its staff and volunteers; and the Catholic Bishop of Chicago, a Corporation Sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in the program. I understand that if my child violates any laws regarding possession of alcohol or drugs, or rules governing the event, I will be called and notified about situation and/or arrangements made to send my child home at my expense.

Phone # _____ e-mail address _____

Yes No St. Alphonsus Parish may use photographs/videos of my child for this event for promotion in the bulletin/parish website/parish Facebook page

Student Signature _____ Parent/Guardian Signature _____ Date _____

MEDICAL AUTHORIZATIONS

In the event that the undersigned cannot be reached, and in the judgment of the responsible adults or other appropriate staff members accompanying the group. If there is a necessity for immediate examination and/or treatment of my child. I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

I GRANT PERMISSION for the adult chaperons for this event to administer non-prescription drugs as needed for my teen (aspirin, ibuprofen, antacids, etc.) _____ YES _____ NO

NAME OF EMERGENCY CONTACT _____

Relationship _____ Phone No. _____

NAME OF PHYSICIAN _____ Phone No. () _____

Address _____ City _____ State _____ Zip _____

INSURANCE INFORMATION

Policy in the Name of _____ Policy # _____

Insurance company _____ ID # _____

HEALTH INFORMATION

Allergies: _____ Current Med _____

Other Comments _____

**Return this completed form to the St. Alphonsus parish office by Monday, Jan 21, 2019
Or email it, signed to youthministry@saintalphonsus.com**