

**GENERAL PERMISSION/AUTHORIZATION FOR HARVEST SATURDAY-SIGNIFICANT INFO**

**St. Andrew the Apostle Church  
505 Kingston, Romeoville, IL 60446**

**Must be returned ON Saturday, November 17, 2018..... Children must be 5<sup>th</sup> grade through 12<sup>th</sup> grade**

I, \_\_\_\_\_, request that my child \_\_\_\_\_ be allowed to participate as a  
**PRINT PARENT NAME** **PRINT CHILD'S NAME**

food collector for the **Harvest Saturday Food Drive** on **November 17, 2018**. I hereby release and indemnify St. Andrew the Apostle Church, it's staff and volunteers, and the Diocese of Joliet, from any and all liability arising from any claims of any kind or nature whatsoever from my child's participation in this event.

**This means my child will be going outside to collect food from houses with a designated driver.**

**Medical Permission**

I grant permission for the **administration of first aid** to \_\_\_\_\_:  
**Name of Child**

- **By the people in charge of Harvest Saturday**, and those transporting my child to and from the program 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.
- **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 case of **medical emergency**, **I understand** that every effort will be made to **contact the parent/guardian** of the participant first before taking any further action.
- In the **event that I cannot be reached**, **I hereby give permission to the physicians selected** by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed necessary for the child.

**Student Signature:** I, \_\_\_\_\_, understand that I will need to follow the directions, expected guidelines, and proper/respectful behaviors for this event at all times.

Student's Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Student Cell Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Allergies:** To Medication? To food? Other? No\_\_\_ Yes\_\_\_  
If YES, please list and describe. \_\_\_\_\_

**List Medication(s) presently taking:** \_\_\_\_\_

**Insurance Information:** "I understand that I or my insurance company will be responsible for any costs incurred."

Policy in the name of: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Identification Number \_\_\_\_\_

Authorized Physician: \_\_\_\_\_ Phone Number(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Street City  
Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Parent Cell Phone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CIRCLE YOUR ORGANIZATION:**

- |                |                  |              |                     |                     |
|----------------|------------------|--------------|---------------------|---------------------|
| CHURCHES:      | ST. ANDREW       | THE ROCK     | COMMUNITY CHRISTIAN | UNITED PRESBYTARIAN |
| ST. ANDREW:    | SCHOOL           | CONFIRMATION | RELIGIOUS ED        |                     |
| ROMEOVILLE HS: | ROTC             | NHS          | STUDENT GOV.        |                     |
| MIDDLE SCHOOL: | A. VITO MARTINEZ | JANE ADDAMS  | JOHN. J. LUKANCYK   | HUBERT H. HUMPHREY  |
| ORGANIZATIONS: | GIRL SCOUTS      | BOY SCOUTS   | FED-EX HOME DEPOT   | OTHER _____         |



\* I WILL NEED A NOTE OF PROOF FOR MY SERVICE HOURS ..... YES OR NO

You could also email \_\_\_\_\_ at \_\_\_\_\_  
**Person email address**