

**Our Lady of the Woods Youth Ministry  
Authorization Form – Mission Trips 2012**

We hereby request that our child \_\_\_\_\_ be allowed to participate in the Our Lady of the Woods event. I understand that this event is formed to draw the youth of our parish together as a community, both spiritually and socially. I hereby release and indemnify the parish of Our Lady of the Woods, 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 on this program. **We understand that drugs, alcohol, tobacco, weapons, and fireworks are prohibited on youth ministry events. Anyone who violates this provision will be sent home at their parents expense. We understand that property is subject to search at any time during this event.**

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Teen Signature

**Our Lady of the Woods Youth Ministry Program  
Authorization Form for Medical Treatment**

In the event that the undersigned, or my authorized physician, cannot be reached, and in the judgment of the Youth Minister or the other adult supervisor(s), there is a necessity for immediate examination and/or treatment of my child, I hereby authorize any the aforesaid personal to obtain for my child such medical services deemed necessary.

\_\_\_\_\_  
Participants Signature

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Emergency Phone

\_\_\_\_\_  
Family Physician and Phone Number

\_\_\_\_\_  
Hospitalization Plan and Policy #

**Forms must be completed and returned.  
No one will be allowed to attend without this form completed.**