

# March for Life Chicago 2018

## Youth Permission & Parental/Guardian Authorization

I hereby give permission for my son/daughter: \_\_\_\_\_  
to participate in the March for Life Chicago. Teens will meet at Round Lake Metra Station and take the 10:54am Metra train accompanied by qualified adults. Train tickets and food costs are the responsibility of the Teen. We will walk from Union Station to a nearby McDonalds prior to the event. The event will take place on Sunday, January 14<sup>th</sup>, 2018 and will run from 2pm to 4pm. Upon conclusion of the event, we will return to Union Station and catch the next available train back to Round Lake. Expected return time is about 6pm. Parents will be advised of arrival times for pickup at the Round Lake Train Station.

I hereby release and indemnify the Catholic Bishop of Chicago, a Corporation Sole, Prince of Peace, it's staff and volunteers any and all liability arising from claims of any kind or nature whatsoever from my teen's participation in this event.

I UNDERSTAND that if my son/daughter violates any laws regarding possession of alcohol or drugs, or rules governing the event, I will be called to pick up my child immediately from his/her current location.

In the event that the undersigned cannot be reached and in the judgment of a responsible adult at this event or other staff member, there is a necessity for immediate examination and/or treatment of my teen, I hereby authorize any of the aforesaid personnel to obtain for my teen such medical services as are deemed necessary.

**\*\*\*I GRANT PERMISSION for the adult chaperons of this event to administer non-prescription drugs as needed for my teen i.e., aspirin, ibuprofen, antacids, etc.)**  
YES \_\_\_\_\_ NO \_\_\_\_\_

**\*\*\*I AUTHORIZE the Parishes involved in the event to use photographs/videos of my teen for productions, publications, etc. \_\_\_\_\_**  
YES \_\_\_\_\_ NO \_\_\_\_\_

### PARENT/GUARDIAN

SIGNATURE: \_\_\_\_\_

TELEPHONE #(H) \_\_\_\_\_ (Cell #) \_\_\_\_\_

EMERGENCT CONTACT \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

EMERGENCY TELEPHONE # \_\_\_\_\_

**\*\*\*\*PLEASE LIST any ALLERGIES, MEDICATIONS, MEDICAL PROBLEMS &/or PHYSICAL ACTIVITIES that your teen CANNOT take part in:**

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