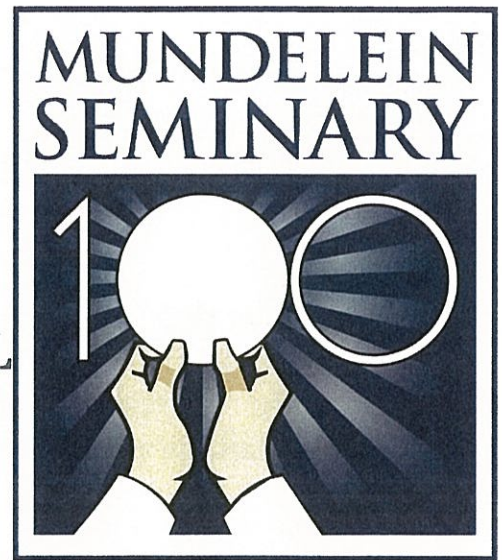




UNIVERSITY
— OF —
SAINT MARY
OF THE LAKE



COME EXPLORE THE BEAUTY OF USML

Trip Authorization Form

Destination: **St. Mary of the Lake Mundelein, IL**

Date and Time of Departure: **October 17, 2021 at 12:30pm**

Date and **APPROX** Time of Return: **October 17, 2021 at 6:30pm**

Method of Transportation: **Bus**

Participant Cost: **\$15 (bring your own lunch on the bus) \$25 (boxed lunch on the bus)**

Designated Coordinator of Activity: **Fr. Ton Nguyen**

I understand that this activity will take place away from the parish premises. I further consent to the conditions stated above on participation in this event, including the method of transportation.

We are aware if there is suspicion of drug or alcohol use, or if any drugs or alcohol are found, if smoking occurs, or severe behavior endangering the safety or well being of another person occurs, we are responsible for the cost of transporting our children/ ourselves home. The decision to send someone home will be made at the discretion of the leaders.

I hereby release and indemnify St. Julie Billiard, its staff and its volunteers, and the Archdiocese of Chicago from any and all liability arising from claims of any kind of nature whatsoever from my participation in this event.

Participant Signature

Phone Number

Parent Signature

Phone Number

Email Address: _____

Emergency Name and Number _____

Forms are due to St. Julie Parish Office by: **October 11, 2021**

*****You are responsible for your belongings.***

******Masks must be worn on the bus and inside all buildings.***

*******Please fill out the medical form on the reverse side.***

Name: _____ Birth date: _____

St Julie Billiart Archdiocese of Chicago
Authorization for Medical Treatment

In the event that the undersigned, or my authorized physician cannot be reached, and in the judgment of the Trip Leader (s) of St. Julie Billiart, there is a necessity for immediate examination and / or treatment of myself /our child, I hereby authorize any of the aforesaid personnel to obtain for myself / our child such medical services deemed necessary.

Self or Parent / Guardian Signature

Self or Parent / Guardian Signature

Home Address

Home Phone Number

City, State, Zip Code

Parent / Guardian Work Phone Number

Insurance Information

Family Physician

Hospitalization Plan

Phone Number

Policy Number / Group Number

Medications

Medical Conditions, Allergies or Restrictions (attach additional paper if more details are necessary)

Emergency Name / Number - 1. _____

2. _____

Photo Permission: On occasion, photos taken from various events are used for publicity in our parish bulletin, websites etc. ***Yes, you have our permission to use photos from the event for media purposes.***

(self / parent / guardian signature)