

Permission Slip for Feed My Starving Children November 26, 2019

GENERAL PERMISSION FORM

I grant permission for these family members:

Name	Grade/Adult
_____	_____
_____	_____

to participate at Feed My Starving Children trip on Saturday, November 26st from 10:30-3:00 pm with St. Jude's JHYM (drop off and pick up is at St. Jude near Franciscan Hall entrance) to Feed My Starving Children (555 Exchange Ct Aurora, IL).

I hereby release and indemnify my parish, St. Jude Church, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my family's participation in this event.

Videotaping and Still Photographs

Video and still photographs may be taken during this event. This authorization form constitutes permission for my child's participation in the videotape and/or still photographs, which may be used for future promotional efforts, including the Diocese of Joliet website.

Code of Behavior

You are representing St. Jude in our community during this event and we expect you will represent us well. We expect that you will display mature, safe, and responsible behavior.

Some Expectations:

1. All participants are expected to arrive on time.
2. All participants are expected to demonstrate common courtesy and respect at all times. Inappropriate language/behavior will not be tolerated.
3. Socializing should always be done in public areas.
4. Dress should reflect the value of modesty. Writing on clothing should reflect Christian values.
5. The possession or consumption of any alcoholic beverage and/or possession/use of any illegal drug is not permitted.
6. Smoking is not permitted.
7. Weapons and/or drug paraphernalia are not allowed.
8. If under the age of 18, prescription drugs need to be given to an adult from your parish for storage and distribution.
9. Infraction of these rules can mean immediate dismissal with no refund. Participants will be responsible to local authorities as well.

I understand and agree to this Code of Behavior. I also understand and agree that at the time of an infraction requiring my dismissal, I am responsible for my removal from the premises and any costs involved.

If under the age of 18, I also understand and agree that my parents or guardian will be notified at the time of an infraction requiring my dismissal. My parents or guardian will be responsible for my removal from the premises and any costs involved. Date: _____

Youth Signature: _____

Parent/Guardian Signature: _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my family members by the people in charge of the event, and those transporting my child to and from the event as their judgement deems advisable, and to make the necessary referrals to qualified physicians for the 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 the case of a medical emergency, I understand that every effort will be made to contact the parent/guardian of the participant. 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 my child.

Family Insurance Information

Policy in the name of: _____
Insurance Company: _____
Policy Number: _____
Identification Number: _____
Authorized Physician: _____
Phone #: _____

Name: _____ Birth Date: _____
Allergic to medication/other? NO YES (circle one)
If yes, please describe: _____
Medication(s) presently taking: _____
Participant's Cell Phone: _____

Parent/Guardian Signature: _____

Family Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____
In case of Emergency, contact: _____
Phone #'s: _____

BRING THIS FORM SIGNED and brought to the office by November 15

You MUST wear CLOSE-TOED shoes. Leave all jewelry at home and tie up long hair.

**Call Jenny Krumdrick if you have questions 815-514-0051
Drop off and pick up is at St. Jude Franciscan Hall entrance.**



St. Jude Adult Chaperone Policy Form

**ALL ADULT CHAPERONES (18 or older)
must have attended a Attend a Protecting
God's Children Workshop**

Adult Name: _____ **Address:** _____

Cell Phone: _____ **Email:** _____

Emergency Contact: _____ **Phone Number:** _____

Thank you for your willingness to further the message of Christ to youth through your participation as an Adult Chaperone. Youth Ministry cannot happen without adult involvement. Your presence, encouragement, and empowerment of youth are critical to the success of Youth Ministry at St. Jude. The following Adult Chaperone Guidelines have been developed to help you in your role as Adult Chaperone:

General Chaperone Conduct

Adult chaperones should reflect mature and responsible behavior. As models of appropriate Christian behavior, Chaperones are asked to follow the Code of Behavior as well. In addition to leading youth by modeling a positive attitude and involvement, we ask that all adults refrain from consuming drugs and alcohol and from smoking. Refrain from using vulgar language, telling inappropriate stories or jokes.

Supervision of Youth

All adult chaperones are responsible for the supervision of the youth participants. Please be familiar with the Code of Behavior. It is imperative that all adults are willing to confront behavior code violations. Serious behavior code violations are to be brought to the attention of the parish leader.

Visibility Among the Youth

Please be intentionally visible and interactive with the youth participants. Your presence among the young people is very important. Please be consciously aware of the youth, especially when we are serving out in the community. Make frequent head counts, monitor time away from the group for bathroom breaks and other reasons. Being attentive to their needs can help you anticipate situations that might require your attention.

Responding to Accidents

If there is an emergency that requires immediate medical attention, contact emergency services immediately. Please inform your parish leader as soon as possible of any accident. If medical attention is required, but not an emergency basis, make the participant as comfortable as possible within the boundaries provided by the Youth Medical Form. Then, contact the participant's parents as soon as possible. (This is normally the responsibility of the parish leader.)

Providing Guidance and Encouragement to Youth

There may be times when young people have difficulty focusing, following directions, or cooperating for many reasons. Speak to the person privately in a gentle and direct manner. You may have to remove the individual from the group setting (which is highly recommended) in order to have that conversation. See the guidelines below for Safety of Youth and Adult Participants. It is important that you not publicly humiliate another person. If needed, please do not hesitate to ask other adult chaperones or your parish leader for help, especially if the cause of these behaviors is beyond your ability to respond. We ask that all adults refrain from consuming drugs, alcohol, and from smoking.

For the Safety of the Youth Participants & Adult Chaperones

No adult should be alone in an enclosed area with a youth participant. Conversations with youth should take place in a public location. If you are speaking to youth in a room, make sure the door to that room remains open. Stay in groups of three or more and always make sure the service work you are doing is able to be easily monitored by the parish leader on the trip.

Requirements for the Protection of Young People

Adult chaperones are required to have a criminal background check performed and attend Protecting God's Children (VIRTUS) training prior to chaperoning an event with minors. Please see the parish leader for information on how to do this.

Responsibility to Report Adult chaperones have the responsibility to report the following information concerning youth:

Type of Information to Report	Timeframe to Report It	Who to Report it To
Serious behavior code violations (at the event)	As soon as possible	Parish leader & diocesan staff person in charge of event
Accident or injury (at the event)	<ul style="list-style-type: none"> ▪ Immediately if emergency treatment is required ▪ As soon as possible if not an emergency situation 	<ul style="list-style-type: none"> ▪ Emergency services first, then parish leader, and parents ▪ Parish leader and/or parents
Suicide thoughts or threat If a person is an immediate danger to themselves or others	Immediately	Parish leader and parents.
Disclosure of physical or sexual abuse	Immediately	Parish leader and/or parents. This also needs to be reported to the appropriate authorities (government agency).

Adult Signature: _____ **Date:** _____

Videotaping and Still Photographs: Videotaping and still photographs may occur during this event. These may be used for marketing future events of this nature. Registration for this event constitutes permission for possible participation in videotaping and/or still photographs

As an adult chaperone for a parish attending this event, I understand my responsibilities and agree to abide by these guidelines.