

Permission Slips Due by: April 12

**SPRING SERVICE DAY 2010
STUDENT PERMISSION FORM
MEDICAL RELEASE INFORMATION**

I hereby give permission for my child _____ to participate in **Spring Service Day on Saturday April 17, 2010. I understand that all participants will meet at the Feed My Starving Children Packing Site, 555 Exchange Court, Aurora, IL 60504 at their scheduled time and be picked up from the site.** I also understand that my child will be under adult supervision for the duration of the service project.

I hereby release and indemnify the Rosary Parent's Auxiliary, Rosary High School, and Marmion Academy, its staff and volunteers, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

Signature of Parent/Guardian

Date

MEDICAL PERMISSION FORM

I grant permission for the administration of first aid to my child _____ by the people in charge of 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 that 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 medical emergency, I understand that every effort will be made to contact the parents/guardians of the participant. In the event that I cannot be reached I hereby give permission to the physician selected by the adult staff to hospitalize and secure proper treatment necessary for my child.

Signature of Parent/Guardian

Date

Phone numbers where you can be reached during the event _____

Authorized Physician

Physician's Phone Number

Please list any medical conditions or allergies that we should be aware of especially those that would prevent you from participating in certain projects. (ie. Heavy lifting)

INSURANCE INFORMATION

Insurance Company

Policy in the Name of

Policy Number

Return this form to Mr. Johnson at Marmion or to the box outside the Rosary school office. Permission forms are being accepted until the spots are filled or until April 12.

For more information contact Mrs. Kovash at 630-761-3151 or ckovash@att.net



Feed My Starving Children is committed to feeding God's starving children hungry in body and spirit. Our approach is simple: Volunteers pack nutritious meals made up of rice, soy, vitamins and dehydrated vegetables, and we partner with relief organizations worldwide to distribute these meals to starving children. For more information go to www.fmssc.org

We invite you to join us in this important work for our Spring Service Project on **Saturday April 17, 2010**. All participants will meet at the Feed My Starving Children Packing Site, 555 Exchange Court, Aurora, IL 60504 at their scheduled time and be picked up from the site.

Registration Form for Feed My Starving Children Project

PLEASE PRINT

STUDENT' S NAME _____
SCHOOL AND GRADE _____
PHONE NUMBERS _____
E-MAIL ADDRESS _____

There are a limited number of spots available for this project. Once the spots are filled no more forms can be accepted.

You may sign up for 1 or 2 time slots. If you are staying for two time slots you can bring a brown bag meal. Please circle your choice.

11:30 to 1:30

2:00 to 4:00

Name of one friend with whom you would like to work:

PARENTS , WE NEED TO HAVE 1 ADULT SUPERVISING FOR EVERY 5 STUDENTS PARTICIPATING.

IF YOU CAN HELP, PLEASE FILL OUT THE INFORMATION BELOW.

YOUR NAME : _____

CELL PHONE : _____ HOME PHONE : _____

E-MAIL ADDRESS : _____

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