Permission/Medical Release for Minors
REACH Volunteer (2026 - 2027)

Family Information

Family Name: _____

Is family a registered member of Our Lady of Mercy Parish? _____

My Home Parish is _____

OLM Parishioner?

____ Registered Parishioner at Our Lady of Mercy (OLM)
____ Family attends OLM regularly, but is not registered at OLM
____ Family attends different parish, but participates at OLM
____ Family is new to area and has not selected church yet
____ Other: _____

NOTE: Your answer will not affect your volunteering. We welcome everyone. But please answer honestly, so we can correctly add you to our databases. Thank you.

Primary Email and Cell number where all correspondence will be sent (may list more than one):

Primary Email(s):

_____

_____

Primary Cell(s): _____

Address: _____

City: _____ Zip: _____

Information - Parent/Guardian 1

First Name: _____ Middle Name: _____ Last Name: _____

Informal Name: _____ (This name will be used on name tags.)

Relation to Volunteer: _____ (For Example: Mother, Stepmother, Foster Mother, Grandparent, ...)

Email: _____ Cell Phone: _____

Information - Parent/Guardian 2

First Name: _____ Middle Name: _____ Last Name: _____

Informal Name: _____ (This name will be used on name tags.)

Relation to Volunteer: _____ (For Example: Father, Stepfather, Foster Father, Grandparent, ...)

Email: _____ Cell Phone: _____

Other Information

Volunteer lives with: Both Parents_____ Father _____ Mother_____ Specify Other _____

Parent(s): Are Married / Live Together _____ Are Separated_____ Are Divorced_____ Specify Other _____

If parents are divorced, who has legal / religious custody? _____

If parents are divorced, does non-custodial parent have visitation rights? ___Yes ___No Specify Other _____

If parents are divorced, may non-custodial parent pick up children? ___Yes ___No Specify Other _____

Other than parents/guardians, who is allowed to pick up children? Please provide name, cell phone number, and relationship to volunteer for all listed:

_____

_____

GENERAL PERMISSIONS

I request that my child(ren) be allowed to participate in REACH – Special Needs programs. I hereby release and indemnify Our Lady of Mercy Parish, its staff, volunteers, and the Diocese of Joliet from any and all liability arising from claims of any kind or nature whatsoever from my child's participation.
I agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Parish, Our Lady of Mercy Catholic Church, and the Diocese of Joliet, its officers, directors, agents, employees, or representatives from any and all liability for illness or death arising from or in connection with my participation.

Parent/Guardian initial _____

VIDEOS, PHOTOS, and VIRTUAL PLATFORMS

Videos/photos may be taken during this event. This authorization form constitutes permission for my child(ren)'s participation in video and/or photos which may be used for future promotional efforts including the parish and /or Diocese of Joliet website. Additionally, this form constitutes permission to participate in virtual platforms such as Zoom, Google, Seesaw, etc. for the purpose of programmic content.

Parent/Guardian initial _____

MEDICAL PERMISSION FORM

I grant permission for the administration of First Aid to my child/children by the people in charge of the Family & Youth Evangelization & Catechesis programs 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 of 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 injections, anesthesia or surgery if deemed necessary for my child.

Parent/Guardian initial _____

CODE OF BEHAVIOR	MEDICAL INSURANCE INFORMATION
I acknowledge that I am representing our diocese/parish during this event, and I will represent us well. I will adhere to all Diocesan Guidelines and display responsible, mature, and respectful behavior in my words, actions, and usages. **EXPECTATIONS** 1. All participants are expected to arrive on time. 2. All participants are expected to demonstrate respect and common courtesy at all times. Inappropriate language/behavior/conduct will not be tolerated. 3. Socializing should always be done in public areas. 4. Dress should reflect the values of modesty and respect, and inscriptions and images on clothing should reflect Christian values. 5. The possession or consumption of any alcoholic beverages is prohibited. 6. The possession of any illegal substances is prohibited and subject to legal action. 7. Smoking, vaping, e-cigarettes, smokeless tobacco, and cannabis in any form are prohibited. 8. Weapons and/or drug paraphernalia are prohibited. INFRACTION OF THESE RULES CAN MEAN IMMEDIATE DISMISSAL WITH NO REFUND. *I understand and agree to the Code of Behavior. I also understand and agree that at the time of an infraction requiring dismissal, I will be notified and/or I will be responsible for any and all costs related to the participants dismissal from activities and any and all costs assessed by local authorities.* **Parent/Guardian initial _____** **Participant #1 initial _____ Participant #2 initial _____**	Our Diocese asks for the information below to assure for child safety when they are in the care of the parish program. Policy in the name of: _____ Insurance Company: _____ Policy Number: _____ I.D.#_____ Insurance Phone: _____ Authorized Physician: _____ Physician Phone: _____ **EMERGENCY CONTACTS** Contact information for who to call in case of an emergency and unable to contact parents. Name: _____ Phone: _____ Relation: _____ Name: _____ Phone: _____ Relation: _____

Parent/Guardian Signature: _____ Date: _____

Minor REACH Volunteer 1 – School Year 2026-2027

Volunteer Information	Volunteer for (check all appropriate programs)
First Name: _____ Middle Name: _____ Last Name: _____ Informal Name: _____ (This name will be used on name tags.) Birth Date: _____ Grade Entering: _____ School Attending: _____ School District: _____ Cell Phone (High School students only): _____ Email (High School students only): _____	___ Faith Buddies – Peer Volunteer

Conditions	
ALLERGIC TO MEDICATIONS:	ALLERGIC TO FOOD:
ALLERGIC TO OTHER:	OTHER CONDITIONS:

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Minor REACH Volunteer 2 – School Year 2026-2027

Volunteer Information	Volunteer for (check all appropriate programs)
First Name: _____ Middle Name: _____ Last Name: _____ Informal Name: _____ (This name will be used on name tags.) Birth Date: _____ Grade Entering: _____ School Attending: _____ School District: _____ Cell Phone (High School students only): _____ Email (High School students only): _____	___ Faith Buddies – Peer Volunteer

Conditions	
ALLERGIC TO MEDICATIONS:	ALLERGIC TO FOOD:
ALLERGIC TO OTHER:	OTHER CONDITIONS:

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____