

**SERVE 2025: HIGH SCHOOL HELPER PERMISSION FORM**

As the parent/legal guardian of \_\_\_\_\_, permission is hereby given for my child to go on a parish trip to **SERVE 2025 at St. Mark Catholic Church (9970 Vale Rd, Vienna, VA 22181) from July 7-11, 2025**. The meeting times will be at St. for setup (July 6 from 3-6pm), the actual event (July 7-11 from 8:15am-4:00pm), and cleanup (July 11 from 4-5pm).

I understand and acknowledge that participation in the activities involves inherent risks of injury to my child including risks associated with transportation by motor vehicle. I agree to indemnify the Parishes (St. Mark, St. Joseph, St. Luke, OLGC), Youth Ministers, Volunteers, and the Diocese of Arlington for any costs or expenses arising out of my child's participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in any lawsuit arising as a result of any damage or injuries caused by my child in the course of his or her participation in the activity.

**I further give my consent** that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

**Also, I authorize the Parishes** to use my child's picture or video recording for educational and/or marketing purposes. Parents/guardians who do not wish their child to be photographed or filmed should notify their Coordinator of Youth Ministry in writing. I understand that in the event my child becomes ill with a communicable illness during the trip, I have to make immediate arrangements to retrieve my child from the trip location.

**Participant Information:** Name (please print): \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Parish: \_\_\_\_\_ Grade (2024-25 School Year): \_\_\_\_\_ Adult T-Shirt Size: \_\_\_\_\_

**Medical Information:** Date of Birth: \_\_\_\_\_ Date of last Tetanus Booster: \_\_\_\_\_

**Health Information:** Are there any known allergies (to medication, food, environment, any medical conditions etc.)?  
\_\_\_\_\_

**Contact Information:** Name of Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

**Emergency Contact:** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Physician and Medical Insurance:**

Primary Healthcare Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

I understand and hereby agree to the terms and conditions of the participant's involvement in the above-described event and I freely execute this acknowledgement with full knowledge of its content.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Participant Commitment:** I hereby make a personal commitment to participate fully in the event described above and to abide by the standards of conduct established by St. Mark Parish and all participating parishes and their representatives.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_