St. Malachy Parish & School Nun Run Day Trip

STUDENT TRAVEL PERMISSION SLIP

Event/Travel Detail: Nu	ın Run Day Trip to Peoria
Dates of Travel: Tuesd	ay, June 7, 2022
Cost: \$15	Deadline: Tuesday, May 31, 2022
Γhis is to secure your permis	ssion to allow your child(ren),
	(name) to travel to Peorial, IL to visit the Sisters of St.
Franciscan of the Immaculat	e Conception (West Peoria) and the Apostolic Sisters of
St. John (Princeville) on Tues	sday, June 7, 2022. This vocation activity is to introduce
your daughter to Religious L	ife.
Thank you for the considerat	tion,
Kimberly Souba	
7/8th Grade Youth Coordinat	or
Medical Permission Form	1
grant permission for the admi	inistration of First Aid to my child(ren),
	e people in charge of the Nun Run Day Trip to Peoria, to
	is may be required, and to make the necessary referrals
	ne treatment of illness or accidents of a more serious
	e prompty notified in the event of any serious illness or
_	ajor surgery, except when delay in such communication
•	se of a medical emergency, I understand that every effort parent/guardian of the participant. In the event that I
_	give permission to the physicians selected by the adult
· · ·	coper treatment for, and to order injection, anethesia, or
surgery if deemed necessary	-
,	
Please list any allergies/medi	ical conditions your child/ren may have:

Insurance Information		
Policy Holder (in the name of):		
Policy Number:		
Authorized Physician:	Phone #:	
Authorized Hospital:		
Name of Emergency Contact:		
Relationship to Student:		
Phone Number:		
Mobile Number:		
Email Address:		
Videotaping and Still Photographs		
Video and still photographs may be taken during the Nun Run Day Trip to Peoria. This authorization form constitutes permission for my child(ren)'s participation in videotaping, still photographs, and/or audio recordings, which may be used for future promotional efforts, including the Catholic Diocese of Peoria publications and websites. This authorization also gives St. Malachy's and the Religious Community's permission to use such video, still photographs, and/or audio recordings on their individual websites, social media platforms, and promotional efforts.		
[] Yes, I give permission for my child(rephotographs, and/or audio recording [] No, I do not give permission for my still photographs, and/or audio reco	egs. child(ren) to participate in videos,	
Signature over Printed Name of Parent or Legal Guardian	Date Signed	

For more information, contact:

Kimberly Souba ksouba@stmalgeneseo.org 309-944-5393 Ext. 107