

OLW PEER MINISTRY PARENTAL CONSENT

Teen's Name _____ Today's Date _____

Address _____ Birthday _____

City/Zip _____ Age on August 1, 2009 _____

Home Phone _____ Parent Email _____

Student Cell _____ Parent Cell _____

I (we) hereby give permission for my (our) child _____ to attend and participate in Peer Ministry Team activities and events sponsored by Our Lady of the Wayside from August 1, 2009 through July 30, 2010. I hereby release and indemnify Our Lady of the Wayside, its staff and volunteers and the Catholic Bishop of Chicago from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in these events.

I grant permission for the administration of first aid to my child by the people in charge of the program and those transporting my child to and from 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 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, secure proper treatment for and to order injection, anesthesia or surgery if deemed necessary for my child.

Father (Guardian) PRINT NAME

Mother (Guardian) PRINT NAME

Father (Guardian) SIGNATURE Date

Mother (Guardian) SIGNATURE Date

Work Name Work Phone

Work Name Work Phone

Authorized Physician

Physician's Phone Number

Insurance Company

Policy in Name of:

Policy Number

Subscriber's Social Security #

Please List any Medical Conditions or Allergies that we should be aware of:

OLW PEER MINISTRY PARENTAL QUESTIONNAIRE

Please take a moment to briefly answer the following questions. Your responses will help us get to know your son or daughter better. Thank you!

Please briefly answer the following questions. These questions will help us in getting to know your son or daughter. Thank you for taking the time.

1. Why do you feel that your son/daughter would like to be a part of the Peer Ministry team?

2. Please list and briefly describe two strengths and one area for improvement for your son/daughter.

3. Does your son or daughter have your full support? Do you have any concerns?

OLW PM PARENTAL QUESTIONNAIRE (Con't)

4. We understand young people have various commitments in their lives and we support their involvement in these familial, scholastic, and extracurricular activities. However, in order to have an effective program, Peer Ministry Team members must also be committed to our program. Do you foresee many regular conflicts your son/daughter may have with committing to Peer Ministry and attending Peer Ministry activities (meetings, gatherings,/retreats)

Please explain:

5. In the coming year, we may occasionally rely on parents to help us with various events. Please check off any of the following needs you may be able to help with on an occasional basis:

Driving (if we need transportation for activities or retreats)*

Baking (i.e. snacks for an event)

Shopping (if we need supplies for an event; you will be reimbursed)

Phone Calling (if we need to contact a group of people for a specific reason)

Chaperoning (at an event)*

6. What, if anything, are you hoping the Peer Ministry program can offer your son/daughter through their participation?

7. In addition to the Sunday evening PM gatherings, it is essential for the peer ministry team as a whole to come together for times of community building and prayer. Our two most important events include our Overnight Fall Retreat, Aug 23rd-24th and our Spring Holy Thursday/Good Friday Overnight Retreat, April 1st-2nd. These events are mandatory for all peer ministers.

Please check here if the dates are available: ____ Aug. 23rd-24th ____ April 1st-2nd

ADDITIONAL COMMENTS:

* All adults over the age of 18 must have attended Protecting God's Children in order to volunteer with youth ages 18 and under. Due to the nature and needs of this ministry, we recommend all PM parents to participate in this workshop if possible. Have you and/or your spouse participated in this program. Please list names of adults who have completed PGC.