



**SAINT JULIAN EYMARD SCHOOL OF RELIGION**  
601 Biesterfield Road • Elk Grove Village, Illinois 60007

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CHURCH TELEPHONE (847) 956-0130 • SCHOOL OF RELIGION TELEPHONE (847) 593-8938  
FAX (847) 956-0189 • WEBSITE: www.stjulianeynard.org

**Alexian Village Stewardship Permission Form**

I/We, the parent(s) of \_\_\_\_\_ request that the St. Julian Eymard School of Religion allow my(our) child to participate in going to Alexian Village Supportive Living Community, 975 Martha Street, Elk Grove Village, IL, as a volunteer on the assigned Mondays. Please drop your child off at Alexian Village at 6:00 p.m. and pick them up at Alexian Village at 8:00 p.m.

I hereby release and indemnify St. Julian Eymard Catholic Church, its staff and its volunteers, and the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this event.

**Authorization for Medical Treatment**

In the event that the undersigned, or my(our) authorized physician, cannot be reached, and in the judgment of the person accompanying the group or other appropriate staff member, there is a necessity for immediate examination and/or treatment of my(our) child, I hereby authorize any of the aforesaid personnel to obtain for my child such medical services as are deemed necessary.

Name of Child \_\_\_\_\_

Medical Allergies/Significant Medical History \_\_\_\_\_

\_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Insurance Number \_\_\_\_\_

Other Contact in case of emergency:

Name \_\_\_\_\_ Phone# \_\_\_\_\_

Relationship \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date