



The Roman Catholic Archdiocese of Washington
Office of Priest Vocations
Parent Permission Form
2026-2027 Vocations Events

If you have questions, please contact Nora Kavanagh, Administrative Assistant to Director of Priest Vocations, at kavanaghn@adw.org.

Participant's name: _____

Participant's date of birth: ____/____/____ Participant's email: _____

Home address: _____

Parent/Guardian's name: _____

Parent/Guardian's email: _____

Home phone: _____ Cell phone: _____

I, _____, grant permission for my child,
(Parent/Guardian's name)

_____, to participate in vocations events,
(Participant's Name)

sponsored by the Office of Priest Vocations from September 2026 to August 2027. **I have indicated at the end of this form the events in which my child is allowed to participate.** All activities will take place under the guidance and direction of priests, seminarians, employees, and/or volunteers of The Roman Catholic Archdiocese of Washington.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend The Roman Catholic Archdiocese of Washington, its officers, directors, employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate The Roman Catholic Archdiocese of Washington, its employees and agents and chaperones, or representative associated with the event, for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of The Roman Catholic Archdiocese of Washington.

Furthermore, I agree that my child's picture may be used to promote other vocations events through flyers, brochures, and the DC Priest website and DC Vocations Facebook page.

Parent/Guardian's signature _____

Date

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Note: Please do not allow your child to participate if he has a fever or is showing other signs of illness.)

1. Emergency medical treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact

Name & relationship _____
Telephone _____
Family doctor _____ Telephone _____
Family health plan carrier _____ Policy # _____
Signature _____ Date _____

2. Other medical treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Washington, chaperones, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, please call me at the numbers provided.

Signature _____ Date _____
(Sign if you agree with the above statement.)

3a. Medications: My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Signature _____ Date _____

(Please sign EITHER 3b or 3c.)

3b. I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e., acetaminophen or ibuprofen, Benadryl, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature _____ Date _____

3c. No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature _____ Date _____

4. Specific medical information: The office will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Any other special needs or medical conditions: _____

Signature _____ Date _____

I grant permission for my child _____ to participate in these vocations events.

Parent/guardian's name _____

Please check off any event below that you think your son may be interested in attending. That way, you will not have to complete this form for each vocations event. Please note that giving permission to attend an event does not mean that your son is obligated to attend. The Office of Priest Vocations must have a copy of this form on file, otherwise your son will not be allowed to participate in any of these events.

- ☐ Quo Vadis Excursion to Southern Maryland, Sunday, October 4, 2026
- ☐ Quo Vadis Come and See Retreat (Juniors and Seniors only), Friday, November 6, to Sunday, November 8, 2026, Saint John Paul II Seminary, Washington, D.C.
- ☐ Quo Vadis Shadow Day (Juniors and Seniors only), Friday, January 29, 2027, Saint John Paul II Seminary
- ☐ Quo Vadis Excursion, Prince George's County, Sunday, February 28, 2027, location TBD
- ☐ Quo Vadis Excursion, Montgomery County, Sunday, April 17, 2027, location TBD
- ☐ Middle-School Vocations Day (for boys only going into 6th, 7th, or 8th grade), Tuesday, July 13, 2027, Saint John Paul II Seminary
- ☐ Quo Vadis Camp, Sunday, July 25, to Wednesday, July 28, 2027, Mount Saint Mary's Seminary, Emmitsburg, Md.