

Pielgrzymka do Guadelupe – Cancun

6-10.06.2022

Wyjazd: 6 czerwca

Spotykamy się na lotnisku Ohare: 7:30am

numer lotu Southwest Airlines 1510

Zabieramy ze sobą: okulary słoneczne; czapka z daszkiem, 2x olejki do opalania „50”; strój kąpielowy, klapki, strój na wyjazd do sanktuarium, pastę do zębów 100ml, szczoteczkę, maseczki, piżamę, długopis będzie potrzebny w samolocie,

Można zabrać dużą walizkę do 23kg, i podręczny 8kg. Zachęcam aby spakować się do walizki podręcznej.

Powrót: 10 czerwca na lotnisku Ohare o godz. 5:50pm

numer lotu Southwest Airlines 1512

Wylot do sanktuarium w Guadelupe 8 czerwca (środa) na cały dzień.

W samolocie młodzież otrzyma deklarację celną do wypisania. Z deklaracji Meksykańskiej zostanie oderwana karteczka która jest potrzebna do powrotu bez niej nie można opuścić Meksyku. W drodze powrotnej wypisujemy deklarację celną do U.S.A.

Bardzo proszę o wypisanie wizer i o przyniesienie ze sobą na zebranie które odbędzie się 15 maja po Mszy św. o godz. 11:00. Zebranie odbędzie się w kościele w Sali na chórze.

INTERNATIONAL TRAVEL WAIVER FORM Parent/Guardian Consent Form and Liability Waiver

Adult participants must also include the Adult Release of Liability/Medical Release

Participant's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ e-mail address: _____

Dear Parent/Guardian:

Your son/daughter/individual under your guardianship is eligible to participate in an activity that requires transportation and travel away from the Parish and or Internationally. This activity will take place under the guidance and direction of parish staff and adult volunteer chaperones from Divine Mercy Parish

Description of Activity/Event (Fill in all Details):

Type of event: _____

Destination of event: _____

Individuals in Charge: _____

Dates of event: _____

Estimated time of departure: Estimated time of return: _____

Mode of transportation to, from and during event: _____

Cost: _____

If you desire your son/daughter/individual under your guardianship to participate in this particular event, please complete, sign and return the following statement of consent and release of liability by .

I hereby consent to participation by , my son/daughter/individual under my guardianship, in the event described above. I fully understand that this event will take place away from the parish/school grounds and that my child will be under the supervision of the designated staff and/or volunteers on the stated dates. I understand that such an undertaking involves an element of risk. I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Divine Mercy Parish in Lombard and its staff, volunteers and drivers from any and all liability that may arise out of participation in this activity. I also give consent for emergency medical treatment if necessary. I do request that if possible, I be contacted prior to treatment. As parent and/or legal

guardian, I remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named participant. My child and I have read and fully understand the attached Code of Behavior for Youth Participants in Events and Activities sponsored by the Divine Mercy Parish.

I further acknowledge that I/we have read, and reviewed with the participant, any and all U.S. Department of State Travel Advisories and Center for Disease Control and Prevention (CDC) warnings relative to this event. (http://travel.state.gov/travel/travel_1744.html; and <http://www.cdc.gov/travel>) I/we agree to defend and hold harmless the Divine Mercy Parish, staff, volunteers and drivers from any and all claims that may arise out of participation in this event.

(Signature) _____

I further consent to the conditions stated above, including the method(s) of transportation.

Parent's/Legal Guardian's signature: _____ Date: _____

Alternate Emergency Contact: Phone: (am) (pm) _____

INTERNATIONAL TRAVEL WAIVER FORM

Participant's Name: _____

Your name/relationship: _____

Family doctor: Phone: _____

Family health plan carrier: Policy No: _____

International medical coverage is required prior to out of country trips. You may purchase coverage online by visiting

You may also secure your own international medical coverage.

Medications: My child is taking medication(s) at present. My child will bring all such medication(s) necessary and such medication(s) will be well-labeled. Name(s) of medication(s) and concise directions for seeing that my child takes such medication(s), including dosage and frequency, are as follows:

I hereby grant permission for non-prescription medication (such as aspirin, Advil, ibuprofen, throat lozenges, cough syrup, pink bismuth, loperamide for diarrhea) to be given to my child, if deemed appropriate.

Parent/Legal Guardian Signature: _____ Date: _____

Specific Medical Information: _____

(The parish will take reasonable care to see that the following information will be held in confidence)

Have you ever had a systemic allergic reaction to bee stings, food or medicine? Yes: ____ No: ____

If yes, what was the precipitating substance? _____

What was the treatment? _____

(if you have severe allergies, please bring your own EpiPen or Bee Sting Kit)

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

Any physical limitations? _____

Has child (you) recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, SARS, etc.? If so, date(s) and disease or condition _____

You should be aware of these special medical conditions of my child: _____

In the event that my minor child/I commit acts that are inappropriate, illegal or dangerous to him/herself/myself or other members of the group, I understand that he/she/I may be sent home at my expense.

Parent/Legal Guardian Signature: _____ Date: _____

MINOR (CHILD) TRAVEL CONSENT

I. The Parent(s)

I/We, _____, am/are the lawful custodial parent(s) and/or non-custodial parent(s) or legal guardian(s) of:

II. The Minor

Full Name: _____

Date of Birth: _____

Place of Birth: _____

Passport Number (if applicable): _____

- Country of Issuance: _____
- Date Issuance: _____
- Date Expiration: _____

III. Accompanying Person

☐ - I authorize my child to travel with the following individual/organization:

- Individual/Organization Name: _____
- Relationship to Child (if applicable): _____
- U.S. or Foreign Passport Number (if applicable): _____
 - Country of Issuance: _____
 - Date Issuance: _____
 - Date Expiration: _____

IV. Itinerary

I authorize my child to travel to the following location _____ during the period beginning on _____, 20____ and ending on _____, 20____.

V. Signature(s)

Parent / Legal Guardian Signature: _____

Date: _____

Full Name: _____

Notary Public