

FIELD TRIP

PARENTAL / GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name:

Birth date:

Sex:

Parent / Guardian's name:

Home address:

Home phone:

Business phone:

I/We, \_\_\_\_\_, grant permission for my/our child,

Parent or guardian's name

Child's name

to participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from \_\_\_\_\_ A brief description of the activity follows:

Name of Parish

Type of event:

Destination of event:

Individual in charge:

Estimated time of departure and return:

Mode of transportation to and from event:

As parent and/or legal guardian, I/we remain legally responsible for any personal actions taken by the above named minor ("participant").

I/we agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, do release and waive any and all claims for damages which I/we or our child may have so as to release and discharge in advance those parties hereinafter named and further agree to indemnify, hold harmless and defend

Name of Parish

the ROMAN CATHOLIC BISHOP OF RENO, a corporation commonly referred to as DIOCESE OF RENO, its officers, directors and agents, volunteers and the chaperons, and/or representatives from any and all liability arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I/we further agree to compensate the parish and the Diocese its officers, directors, agents, volunteers, chaperons, and/or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

**THIS RELEASE MUST BE SIGNED BY BOTH PARENTS.** if only one parent signs this document that parent represents and warrants to the Diocese that he/she is the sole custodial parent of the student participant with sole authority to sign this waiver and release form.

Signature of Father

Signature of Mother

Date

Date

Signature of Student Participant

Date

I have read and/or discussed with my parents this Waiver and Release form concerning participation in the event. I understand it and agree that the Waiver and Release shall apply to me also.

Please complete both sides.

**MEDICAL MATTERS:** Uwe hereby warrant that to the best of my/our knowledge, my/our child is in good health, and I/we assume all responsibility for the health of my/our child. (OF THE FOLLOWING STATEMENTS PERTAINING TO MEDICAL MATTERS, SIGN ONLY THOSE THAT ARE APPLICABLE)

**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:

Phone:

Family Doctor:

Phone:

Family Health Plan Carrier:

Policy #

Signature:

Date:

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:

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:

I hereby grant permission for on-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child if deemed appropriate.

Signature:

Date:

Specific Medical Information: The parish 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?

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking bed-wetting, fainting? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: \_\_\_\_\_

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

\_\_\_\_\_