

**FIELD TRIP  
PARENTAL/GUARDIAN  
CONSENT FORM AND LIABILITY WAIVER**

Dear Parent or Legal Guardian:

If you would like your child to participate in this event that requires transportation to a location away from the parish, school or archdiocesan office site, please complete, sign, and return this statement of consent and release of liability. As parent or legal guardian, you remain legally responsible for any personal actions taken by the named minor ("participant").

This activity will take place under the guidance and supervision of employees and/or volunteers from St. Dominic Parish. A brief description of the activity follows:

Type of event: JR. CYO Waterville trip \_\_\_\_\_

Destination: Waterville USA in Gulf Shores, Al \_\_\_\_\_

Individual in charge: Mrs. Upton \_\_\_\_\_

Date and estimated time of departure and return: Wednesday, August 4, 2010 from 8:45 a.m. to 4:00 p.m. \_\_\_\_\_

Mode of transportation to and from event: bus \_\_\_\_\_

Participant's name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent/Guardian name: (please print) \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Dominic School and Parish, its officers, directors, employees and agents, and the Archdiocese of Mobile, its 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 parish/school/institution, its officers, directors and agents, and the Archdiocese of Mobile, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses that 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 parish/school/institution/archdiocese.

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. (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.

**OVER**

Emergency contact name (please print): \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Other Medical Treatment:* In the event it comes to the attention of the parish/school/institution, its officers, directors and agents, and the Archdiocese of Mobile, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

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 non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, 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? \_\_\_\_\_

If yes, what is it? \_\_\_\_\_

Does child have any physical or other 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, chicken pox,

flu, etc.? \_\_\_\_\_ If yes, list date and disease or condition: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_