

**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: Sr. CYO Retreat _____

Destination: St. Margaret's in Bayou La Batre, Al _____

Individual in charge: Mrs. Upton _____

Date and estimated time of departure and return: Saturday, Jan. 14, 2012 at 10:00 a.m. to Sun., Jan. 15 at noon. _____

Mode of transportation to and from event: responsible for own way _____

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:

