Archdiocese of Seattle

FIELD TRIP
Parental/Guardian Consent Form and Liability Waiver

Participant's Name:_____ Date of Birth: _____

Parent/Guardian's Name: _____

Home Address: _____

Best Daytime Phone: _____ Cell Phone: _____

e-mail: _____

I, (Parent/Guardian)_____, grant permission for my child, (Child's Name) _____, to participate in this organization-sponsored event that requires transportation to a location away from the organization site. This activity will take place under the guidance and direction of organization employees and/or volunteers from _____
(Name of Organization)

A brief description of the activity follows:

Type of event: _____

Location of event: _____

Individual(s) in charge: _____

Date and time of departure:_____ Return: _____

Mode of transportation to and from event: _____

Cost: _____

Effective July 1, 2007, children less than 8 years olds must be restrained in child restraint systems, unless the child is 4 feet 9 inches or taller. A child who is 8 years old or older, or 4 feet 9 inches or taller, must be properly restrained either with the motor vehicle's safety belt or an appropriately fitting child restraint system. Children under 13 years old must be transported in rear seats where it is practical to do so.

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 (Organization) _____, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage 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 agree to compensate the organization, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature:_____ Date: _____

Participant's Name: _____

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.

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 #:_____

Specific Medical Information: The organization 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, bedwetting, 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: