



Sacred Heart School

DIOCESE of ALLENTOWN

Parental/Guardian Consent Form & Liability Waiver (1 of 2)

PARTICIPANT'S NAME: _____

BIRTH DATE: _____ GRADE: _____ SEX: _____

PARENT/GUARDIAN: _____

HOME ADDRESS: _____

PHONE 1: _____ PHONE 2: _____ PHONE 3: _____

THE COST OF THIS TRIP IS: _____ TYPE OF EVENT: _____

DESCRIPTION OF ACTIVITY: _____

INDIVIDUAL IN CHARGE: _____

DESTINATION OF EVENT: _____

DATE OF EVENT: _____

DEPARTURE TIME: _____ RETURN TIME: _____

TRAVEL INFORMATION: _____
(airline, flight numbers, bus or train information)

I (we) grant permission for my (our) child to participate in this parish/school event that requires transportation to a location away from the parish/school site. This permission includes all related programs or events associated with the event. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from Sacred Heart School.

My (our) child understands and agrees to abide by all rules and regulations established by the school/parish pertaining to such field trips.

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

In consideration for my (our) child's participation, I (we) and my (our) child, agree and understand that we assume the risks inherent in the field trip, and with full knowledge of the risks, we, and our heirs, successors and assigns, agree to release and to hold harmless and defend Sacred Heart School, and the Diocese of Allentown, Bishop John O. Barres, D.D, S.T.D., J.C.L., and all of their employees and representatives, including chaperones, volunteers or any other representatives associated with the trip (all of whom are collectively referred to as the Diocese) from claims from or related to my (our) child's participation, or in connection with any illness or injury (including death) o cost of medical treatment in connection therewith, and I (we) agree to compensate the Diocese for reasonable attorney's fees and expenses incurred by the Diocese in any action brought against the Diocese as a result of such injury or damage, unless such claim arises from the negligence of the Diocese.

We have read carefully this entire (pages 1 and 2) Parental/Guardian Permission Form & Release and agree to its terms and intend to be bound hereby.

PARTICIPANT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

Doc. #433955 v. 0433955





Parental/Guardian Consent Form & Liability Waiver (2 of 2)

MEDICAL MATTERS

I (we) 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 child.

EMERGENCY MEDICAL TREATMENT

In the event of an emergency, I (we) hereby give permission to transport my (our) child to a hospital for emergency medical or surgical treatment. I (we) 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 (us) at the above numbers, contact:

EMERGENCY CONTACT 1: _____

RELATIONSHIP: _____ PHONE: _____

EMERGENCY CONTACT 2: _____

RELATIONSHIP: _____ PHONE: _____

FAMILY DOCTOR: _____ PHONE: _____

MEDICAL INSURANCE INFORMATION

HEALTH PLAN CARRIER: _____

GROUP #: _____ I.D.#: _____

SUBSCRIBER'S NAME: _____

MEDICATIONS

My (our) child is taking medication at present. My (our) child will bring all such necessary medications, 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:

I (we) hereby grant permission for non-prescription medication (such as non-aspirin products such as acetaminophen or ibuprofen or throat lozenges) to be given to my (our) child, if deemed appropriate.

SPECIFIC MEDICAL INFORMATION

The parish/school should be aware of the following medical conditions. (The parish/school 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? _____

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

Other medical conditions of my (our) child: _____

