Mall Madness 2015- PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

StPYG

Participant's name: _____ **Birth date**: _____ **Sex:** M F

Participant's Grade (Circle one): 9th 10th 11th 12th

Parent/Guardian's name: (both if applicable) _____

Home address: _____

Home phone: _____ **Business** phone: _____ **Cell** phone: _____

Parent Email Address: _____

I, _____ grant permission for my child, _____ to participate
Parent or guardian's name Child's name
in this activity or 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.

Name of parish: Saint Paul Catholic Church

A brief description of the activity follows:

Type of activity/event: Mall Madness 2015
Destination of event: National Mall, Washington D.C.
Individual in charge: Cathy McTighe
Date of Event: October 18th, 2015
Estimated time of departure and return: Gather at 12:30pm Norris Hall, depart 1pm, return TBD
Mode of transportation to and from event: Adult Chaperon Carpool
Cost of the Trip (turn in with this form): $10

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 Saint Paul Catholic Church, its officers, directors, employees and agents, and the Archdiocese of Washington, 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, its officers, directors and agents, and the Archdiocese of Washington, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which 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/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. 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- Please initial **all that APPLY.**

_____ My child is taking medication at present. List name of medication on line below:
_____

_____ 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:_____
_____
_____

_____ 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.

_____ 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.

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, bedwetting, fainting? _____

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

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

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Washington, 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 contacted at this number: _____

Signature: _____ Date: _____ ←