

Marian Assisted Living Service Trips

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

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

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

Home address : _____

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

Parent Email Address : _____

I, _____ grant permission for my child, _____
Parent or guardian's name Child's name

to participate 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. This trip will repeat monthly, and I give my permission for my child to participate each time.

Name of parish: Saint Paul Catholic Church

A brief description of the activity follows:

- Type of activity/event:** Assisted Living Service Trip
- Destination of event:** Marian Assisted Living, Brookeville, MD
- Individual in charge:** Mary Moss
- Date of Event:** One Sunday each month, 9/15/2019 through 8/16/2020
- Estimated time of departure:** 12:30pm
- Estimated time of return :** Carpool returns around 3:00pm, pick up in main church lot.
- Mode of transportation to and from event:** Adult Chaperone Carpool
- Cost of the Trip :** None

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 nonprescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

_____ I hereby grant permission for nonprescription medication (such as nonaspirin 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.): _____

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: _____ ←