

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

(Ref. Policy 5030)

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business phone: _____

I, _____, grant permission for my child, _____,
Parent or Guardian Name Child's Name

to participate in this parish/school activity that may require transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from St. John Bosco School

Name of Parish/School

A brief description of the activity follows:

Type of event: _____

Location(s): _____

Individual in charge: _____

Duration of activity: _____

Mode of transportation to and from event: _____

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 St. John Bosco School,
Name of Parish/School

its officers, directors and agents, and the Catholic Diocese of Green Bay, coaches, chaperones, or representatives associated with the activity from all claims, liabilities, damages, costs, losses and expenses, including reasonable attorney fees arising in connection therewith.

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: _____

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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:

Please initial your choice(s):

- I hereby grant permission to give my child the prescribed medication above.
- I hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.
- ONLY after immediate contact with myself or a named representative on previous page under medical matter, I hereby grant permission for non-prescription medication to be given to my child.
- No medication of any type, whether prescription or non-prescription, may be administered to my child.

Signature: _____ Date: _____

Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence. List any 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 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: _____
