

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

Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

I/We, \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_ grant permission for my/our child,

\_\_\_\_\_ Child's Name \_\_\_\_\_ to participate in this Parish/School/Institution event that requires transportation to a location away from the Parish/School/Institution site. This activity will take place under the guidance and direction of Parish/School/Institution employees and/or volunteers from \_\_\_\_\_

\_\_\_\_\_ Parish/School/Institution \_\_\_\_\_ A brief description of the activity follows:

Type of event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Destination of event: \_\_\_\_\_

Individual in charge: \_\_\_\_\_

Estimated time of departure and return: \_\_\_\_\_

Mode of transportation to and from event: \_\_\_\_\_

(If using waiver for multiple events see p. 3)

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

When it is necessary to arrange for overnight accommodations for a field trip the following Diocesan policy will be effective:

- Students must be roomed with other students only.
- Chaperons and teachers must be roomed with chaperons and teachers only.
- It is not permissible for a student to be roomed with a chaperon or teacher.

The ratio of students to chaperons/teachers will not exceed 8 to 1 for any fieldtrip.

I/We agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to release and waive any and all claims for damages which I/we or our child may have so as to release and discharge in advance those parties hereinafter named and further agree to indemnify, hold harmless and defend The Roman Catholic Bishop of Las Vegas, and His Successors, a Corporation Sole (The Diocese of Las Vegas), its officers, directors and agents, volunteers, chaperons, and/or representatives, and the Parish/School/Institution from any and all liability arising from or in

\_\_\_\_\_ (Name of the Parish/School/Institution)  
connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection herewith, and I/we further agree to compensate the Parish/School/Institution and the Diocese, its officers, directors, agents, volunteers, chaperons, and/or representatives associated with the event for reasonable attorney fees and expenses arising in connection therewith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**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/our 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/we hereby give permission to transport my 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:

Name and relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I/We hereby grant permission for non-prescription medication (such as acetaminophen, throat lozenges, cough syrup) to be given to my child if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information:** The Parish/School/Institution will take reasonable care to see that the following information will be held in confidence.

Allergic reaction (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does child have medically prescribed diet? \_\_\_\_\_

Are there any physical limitations? \_\_\_\_\_

\_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting?

\_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**THIS RELEASE MUST BE SIGNED BY BOTH PARENTS.** If only one parent signs this document, that parent presents and warrants to the Diocese that he/she is the sole custodial parent of the student participant with the authority to sign this waiver and release form.

Signature of Father: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother: \_\_\_\_\_ Date: \_\_\_\_\_

Parent(s) phone number in case of emergency: \_\_\_\_\_ or \_\_\_\_\_