

**DIOCESE OF ALLENTOWN
PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER**

Participant's name: _____
Birth date: _____ Sex: _____
Parent/Guardian's name(s): _____
Home address: _____
Home phone: _____ Business phone: _____

I (we) _____ grant permission for my (our) child, _____
(parent or guardian's name(s)) (Child's name)
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 _____ ICA _____
(Name of parish/school)

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

Description of Activity:

Type of event: _____
Destination of event: _____
Individual in charge: _____
Date of event and estimated time of departure and return: _____
Travel information (airline, flight numbers, bus or train information): _____

As parent(s) and/or legal guardian(s), I (we) remain legally responsible for any personal actions taken by my (our) child. 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 or other activity outside of my (our) child's school, and with full knowledge of the risks, we, and our heirs, successors and assigns, release and agree to hold harmless and defend, The Diocese of Allentown, Most Reverend Alfred A. Schlert, D.D., J.C.L., the Roman Catholic Diocese of Allentown Charitable Trust, _____ Immaculate Conception Academy _____ Charitable Trust, and the
(Name of parish/school)
respective members, trustees, directors, officers, employees and representatives, including chaperones, volunteers or any other representatives associated with that activity (all of whom are separately and 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) or 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 results 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's signature: _____ Date: _____
Parent/Guardian signature: _____ Date: _____
Parent/Guardian signature: _____ Date: _____

**DIOCESE OF ALLENTOWN
PARENTAL/GUARDIAN PERMISSION FORM AND RELEASE**

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:

Name & 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: _____
