Diocese of Steubenville
Safe Environment Program

FIELD TRIP
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

This form is to be used for all diocesan school or parish sponsored field trips.

Participant's Name: _____ Birth Date: _____ Sex:_____

Parent/Guardian's Name: _____ Cell Phone: _____

Home Street Address: _____ City: _____ State:____

Business Phone: _____ Home Phone: _____

I (parent/guardian) _____ *grant my permission for my child* (child's name) _____ *to participate in this school/parish youth ministry event that requires transportation to a location away from the school/parish site. This activity will take place under the guidance and direction of school/parish employees and/or volunteers from* (school/parish) _____.

A brief description of the activity follows:

Type of Event: _____

Destination of Event: _____

Individual in Charge: _____ Date of Event: _____

Estimated Departure Time: _____ Estimated Return Time: _____

Mode of Transportation: _____ Cost to participant: _____

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 (SCHOOL/PARISH) _____ *its officials, directors and agents, and the* DIOCESE OF STEUBENVILLE, *chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the* PARISH/SCHOOL, *its officers, directors and agents, and the* DIOCESE OF STEUBENVILLE, *chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.*

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.

Signature: _____ Date: _____

MEDICAL MATTERS:

PLEASE NOTE: The following medical information **MUST** be provided for ***each field trip*** including those sponsored by diocesan schools.

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 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 and Relationship: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

OTHER MEDICAL TREATMENT

In the event it comes to the attention of PARISH/SCHOOL*, its officers, directors, and agents, and the* DIOCESE OF STEUBENVILLE*, 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 called collect (with phone charges reversed to myself).*

Signature: _____ Date: _____

MEDICATIONS (check and complete all that apply)

☐ *My child is taking medications 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 hereby grant permission for non-prescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.*

Signature: _____ Date: _____

SPECIFIC MEDICAL INFORMATION

The PARISH/SCHOOL *will take reasonable care to see that the following information will be held in confidence.*

1. Allergic reactions (medications, foods, plants, insects, etc): _____
2. Date of last tetanus/diphtheria immunization: _____
3. Does the participant have a medically prescribed diet? _____
4. Any physical limitations? _____
5. Is the participant subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting, etc.? _____
6. Has the participant recently been exposed to contagious disease/condition, such as mumps, measles, chickenpox, etc.? If so, date and disease/condition: _____
7. You should be aware of these special medical conditions of my child: _____