PARENT/LEGAL GUARDIAN PERMISSION SLIP

PARTICIPANT INFORMATION

Full name: _____Grade_____

Date of birth: _____ M / F Social Security #: XXXXXXXXXXXXXXXXXXXXX

Parent/Guardian's name (please print):_____

Street address: _____Home phone: _____

City/State/Zip: _____

PARENTAL AUTHORIZATION

Dear Parent or Legal Guardian:

The participant under your guardianship (named above) is eligible to participate in this parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school staff from:

Our Lady of Lourdes

(Name of parish/school)

DESCRIPTION OF ACTIVITY

Type of event: Ablaze Ministries High School Social - Pumpkin Patch & Corn Maze

Location of event: Fazio Farms, Portland, OR

Date of event: Sunday, October 8th, 2017 Time of departure: 6:30pm (arrive at OLL by 6:15)

Date of return: " " Time of return: 8:30pm

Person in charge: Chiara Marcy

Mode of transportation to and from event: Parent drivers

If you desire your son/daughter/individual under your guardianship, to participate in this particular event, **please complete, sign and return the following statement of consent and release of liability by** Sunday, October 8th, 2017**.**

(date)

I hereby consent to participation by _____, my son/daughter/individual under my guardianship, in the event described above. I consent further to the conditions stated above, including the method of transportation. I fully understand that this event will take place away from the parish grounds and that my child will be under the supervision of the designated staff and/or volunteers on the stated dates. I understand that such an undertaking involves an element of risk.

I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless the Corporation of the Catholic Archbishop of Seattle, staff, volunteers, and drivers from any and all liability that may arise out of participation in this activity. I also give consent for emergency medical treatment if necessary. I do request that, if possible, I be contacted prior to treatment. As parent/legal guardian, I remain fully responsible for any legal responsibility which may result from any personal actions taken by the named participant. Finally, my child and I have read and understand fully the attached Code of Behavior for Youth Participants in Events and Activities sponsored by the Catholic Archdiocese of Seattle.

Parent's/Guardian's Signature: _____ Date: _____

Telephone #: Day_____ Night_____

Alternate Emergency Contact: _____

Telephone #: Day_____ Night_____

Allergies or Medical Concerns: _____

_____

Doctor's name: _____ Phone #: _____

Medical Insurance Co.: _____ Policy #: _____

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: _____

Other Medical Treatment: In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Archdiocese of Seattle, chaperons, or representatives associated with the activity, that my child is 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: 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 hereby grant permission for non-prescription medication (non-aspirin products such as acetaminophen or ibuprofen, 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.
Allergic reactions (medications, foods, plants, insects, etc.): _____
Immunizations: Date of last tetanus/diphtheria immunization: _____
Does child have a medically prescribed diet? _____
Does child have any physical limitations? _____
Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____
Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition: _____
You should be aware of these special medical conditions of my child: _____
_____