



ARCHDIOCESE OF SEATTLE

**EXTENDED FIELD TRIP**

**Parent/Guardian Consent Form and Liability Waiver**

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I, (Parent/Guardian) \_\_\_\_\_, grant permission for my child, (Child's Name) \_\_\_\_\_, to participate in this school-sponsored event that requires transportation to a location away from the school site. This activity will take place under the guidance and direction of school employees and/or volunteers from \_\_\_\_\_ (Name of School)

A brief description of the activity follows:

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

Location of event: \_\_\_\_\_

Individual(s) in charge: \_\_\_\_\_

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

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

Volunteer to drive? \_\_\_\_\_ # of students: \_\_\_\_\_

Driver's cell phone # \_\_\_\_\_ Cost (if any): \_\_\_\_\_

As required by Washington State Law, effective **July 1, 2007**, any child less than 8 years of age or 4' 9" tall (whichever comes first) traveling in a private vehicle must be restrained in **an approved booster seat with a lap and shoulder belt**. It is the responsibility of the driver to assure that all children under the age of sixteen are traveling in the proper restraint system.

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 (Name of School) \_\_\_\_\_, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperons, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage 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 school, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, Chaperons, or representatives associated with the event for reasonable attorney's fees and expenses arising 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.

**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 and 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 school, its officers, directors and agents and the Seattle Archdiocese, chaperones, or representatives associated with the event 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:**

My child is taking medication at present. My child will bring all such medications necessary in well-labeled containers, and deliver them to the teacher in charge. 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 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? \_\_\_\_\_

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, chickenpox, etc.? If so, date and disease or condition: \_\_\_\_\_

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