



## EXTENDED FIELD TRIP Parent/Guardian Consent Form and Liability Waiver

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

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 organization-sponsored event that requires transportation to a location away from the organization site. This activity will take place under the guidance and direction of organization employees and/or volunteers from \_\_\_\_\_  
(Name of Organization)

### 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: \_\_\_\_\_

Cost: \_\_\_\_\_

#### Effective January 1, 2020

- Children under age 2 must be properly secured in a rear-facing car seat,
- Children ages 2-4 must be properly secured in a car seat with a harness which may be either rear facing or forward facing,
- Children ages 4 and older and less than 4'9" tall must be secured in a booster seat with seat belt (or continue in harness seat).
- Children over height 4'9" must be secured by a properly fitted seat belt (typically starting at 8-12 years old).
- Children under age 13 required to ride in the back seat when practical to do so.

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 (Organization) \_\_\_\_\_, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, 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 organization, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

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

Participant's Name: \_\_\_\_\_

**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 organization, 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 chaperone 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 acetaminophen, throat lozenges, cough syrup, to be given to my child, if deemed appropriate.**

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

**Specific Medical Information:** *(The organization 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: