



Archdiocese of Seattle
Catholic Schools

**INTERNATIONAL TRAVEL WAIVER FORM Parent/
Guardian Consent Form and Liability Waiver**

Adult participants must also include the *Adult Release of Liability/Medical Release*

Participant's Name: _____ Date of Birth: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ e-mail address: _____

Dear Parent/Guardian:

Your son/daughter/individual under your guardianship is eligible to participate in an activity that requires transportation and travel away from the Parish/School and/or Internationally. This activity will take place under the guidance and direction of parish/school staff and adult volunteer chaperones from _____ (Parish/School)

Description of Activity/Event (Fill in all Details):

Type of event: _____

Destination of event: _____

Individuals in Charge: _____

Dates of event: _____

Estimated time of departure: _____ Estimated time of return: _____

Mode of transportation to, from and during event: _____

Cost: _____

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 _____.**

I hereby consent to participation by _____, my son/daughter/individual under my guardianship, in the event described above. I fully understand that this event will take place away from the parish/school 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 and/or legal guardian, I remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named participant. My child and I have read and fully understand the attached Code of Behavior for Youth Participants in Events and Activities sponsored by the Catholic Archdiocese of Seattle.

I further acknowledge that I/we have read, and reviewed with the participant, any and all U.S. Department of State Travel Advisories and Center for Disease Control and Prevention (CDC) warnings relative to this event. (http://travel.state.gov/travel/travel_1744.html; and <http://www.cdc.gov/travel>) I/we agree to defend and hold harmless the Corporation of the Catholic Archbishop of Seattle, staff, volunteers and drivers from any and all claims that may arise out of participation in this event. _____ (Signature)

I further consent to the conditions stated above, including the method(s) of transportation.

Parent's/Legal Guardian's signature: _____ Date: _____

Alternate Emergency Contact: _____ Phone: (am) _____ (pm) _____

INTERNATIONAL TRAVEL WAIVER FORM

Participant's Name: _____

Your name/relationship: _____

Family doctor: _____ Phone: _____

Family health plan carrier: _____ Policy No: _____

International medical coverage is required prior to out of country trips. You may purchase coverage online by visiting <https://gallaghercharitable.ajg.com/>. You may also secure your own international medical coverage.

Medications: My child is taking medication(s) at present. My child will bring all such medication(s) necessary and such medication(s) will be well-labeled. Name(s) of medication(s) and concise directions for seeing that my child takes such medication(s), including dosage and frequency, are as follows:

I hereby grant permission for non-prescription medication (such as aspirin, Advil, ibuprofen, throat lozenges, cough syrup, pink bismuth, loperamide for diarrhea) to be given to my child, if deemed appropriate.

Parent/Legal Guardian Signature: _____ Date: _____

Specific Medical Information:

(The parish/school will take reasonable care to see that the following information will be held in confidence)

Have you ever had a *systemic* allergic reaction to bee stings, food or medicine? Yes: ____ No: ____

If yes, what was the precipitating substance? _____

What was the treatment? _____
(if you have severe allergies, please bring your own EpiPen or Bee Sting Kit)

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Any physical limitations? _____

Has child (you) recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, SARS, etc.? If so, date(s) and disease or condition _____

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

In the event that my minor child/I commit acts that are inappropriate, illegal or dangerous to him/herself/myself or other members of the group, I understand that he/she/I may be sent home at my expense.

Parent/Legal Guardian Signature: _____ Date: _____