

DIOCESE OF ALLENTOWN
PARENTAL/GARDIAN CONSENT FORM & LIABILITY WAIVER

Participant's name:
Birth date: Sex:
Parent/Guardian's name(s):
Home address:
Home phone: Business phone:

I (we) grant permission for my (our) child,
(parent or guardian's name(s) (Child's name)
to participate in this parish/school event that requires transportation to a location away form the parish/school site.
This permission includes all related programs or events associated with the event. This activity will take place
under the guidance and direction of parish/school employees and/or volunteers from
(Name of parish/school)

My (our) child understands and agrees to abide by all rules and regulations established by the school/parish
pertaining to such field trips.

Description of Activity:
Type of event: Walking Field Trip / Gym Class
Destination of event: Walking around SJRA campus; neighborhood, etc...
Individual in charge: Classroom Teacher / Gym Teacher
Date of event and estimated time of departure and return: at Teacher's discretion
Travel information (airline, flight numbers, bus or train information): Walking only

As parent(s) and/or legal guardian(s), I (we) remain legally responsible for any personal actions by the above
named minor ("participant").
In consideration for my (our) child's participation, I (we) and my (our) child, agree and understand that we assume
the risks inherent in the filed trip, and with full knowledge of the risks, we, and our heirs, successors and assigns,
agree to release and to hold harmless and defend
(Name of parish/school)
and the Diocese of Allentown, Bishop John O. Barres, D.D, S.T.D., J.C.L., and all of their employees and
representatives, including chaperones, volunteers or any other representatives associated with the trip (all of whom
are collectively referred to as the Diocese) from claims from or related to my (our) child's participation, or in
connection with any illness or injury (including death) o cost of medical treatment in connection therewith, and I
(we) agree to compensate the Diocese for reasonable attorney's fees and expenses incurred by the Diocese in any
action brought against the Diocese as a result of such injury or damage, unless such claim arises from the
negligence of the Diocese.

We have read carefully this entire (pages 1 and 2) Parental/Guardian Permission Form & Release and agree to its
terms and intend to be bound hereby.

Participant's signature: Date:
Parent/Guardian signature: Date:
Parent/Guardian signature: Date:

\*This form does not replace the need of a field trip permission.
Field trip forms will be filled out as necessary.

**DIOCESE OF ALLENTOWN  
PARENTAL/GUARDIAN PERMISSION FORM AND RELEASE**

**MEDICAL MATTERS**

I (we) hereby warrant that to the best of my (our) knowledge, my (our) child is in good health, and I (we) assume all responsibility for the health of my child.

**Emergency Medical Treatment:** In the event of an emergency, I (we) hereby give permission to transport my (our) child to a hospital for emergency medical or surgical treatment. I (we) 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 (us) at the above numbers, contact:

Name & relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Insurance Information:**

Health Plan Carrier: \_\_\_\_\_

Group #: \_\_\_\_\_ I.D. # \_\_\_\_\_

Subscriber's Name: \_\_\_\_\_

**Medications:** My (our) child is taking medication at present. My (our) child will bring all such necessary medications, 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:

I (we) hereby grant permission for non-prescription medication (such as non-aspirin products such as acetaminophen or ibuprofen or throat lozenges) to be given to my (our) child, if deemed appropriate.

**Specific Medical Information:** The parish/school should be aware of the following medical conditions. (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? \_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Has child been recently exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, date and disease of condition: \_\_\_\_\_

Other medical conditions of my (our) child: \_\_\_\_\_