

FALCONS CHAMPIONSHIP

OFFICE OF CATHOLIC SCHOOLS

GAME

* Permission slips due Friday. First come - first served. Bus seats 48 people.



FIELD TRIP

PARENTAL/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 Our Lady of Peace School (Name of School)

A brief description of the activity follows:

Type of event and purpose of trip: Diocesan Championship Basketball Game

Location of event: Holy Redeemer H.S. Wilkes-Barre Date: March 11, 2018

Individual(s) in charge: Chaperones (K-5 1:3) (5-8 1:5)

Estimated time of departure: 12:30 pm return: approx 4:30 pm

Mode of transportation to and from event: Bus

Cost (if any): \$ 0 ALL STUDENTS must have a designated chaperone. Students in Grades K-5 must have 1 adult for every 3 students. Students in Grades 6-8 must have 1 adult for every 5 students.

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 Diocese of Scranton, and the Bishop of Scranton, 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 Bishop of Scranton, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature: _____ Date: _____

OVER →

APPENDIX B

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 # _____

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

