



Saint Cecilia Catholic School

SCHOOL ACTIVITY/FIELD TRIP

Parental/Guardian Consent Form and Liability Waiver



Dear Parent(s)/Guardian(s):

Your son or daughter is eligible to participate in a school-sponsored activity that requires transportation to a location away from the school site. This activity will take place under the supervision of employees of Saint Cecilia Catholic School.

The following is a brief description of the activity:

Curriculum Goal: _____

Destination: _____

Designated Supervisor(s): _____

Date/Time of Departure: _____

Date/Anticipated Time of Return: _____

Method of Transportation: _____

Classes missed (to be initialed by each teacher involved): _____

Student Cost: _____

If you would like your child to participate in this activity, please complete and sign the following statement of consent and release of liability. (As parent or legal guardians, you remain fully responsible for any legal liability that may result from any personal actions taken by the named student.) (As a student, you remain subject to any disciplinary action that may result from personal actions that are not in compliance with the rules of the school.)

I hereby request that my child, _____, be permitted to participate in the activity described above. I understand that this activity will take place away from the school grounds, that the school will arrange transportation and that my child will be under the supervision of the designated school personnel. I realize and agree to indemnify Saint Cecilia Catholic School and its representative from liability for any accident in which my child may be involved or any injury to my child that may occur in connection with activity. I consent to the conditions for participation in this activity, including the method transportation.

I recognize that I remain fully responsible for any legal liability resulting from personal action by my child.

Witness my signature this _____ day of _____ 20 _____

Father/Guardian _____

Mother/Guardian _____

Address: _____

Emergency Phone Number _____

My son/daughter has does not have my permission to drive our car to the event. _____ (initial) not applicable
My son/daughter has does not have my permission to transport others to the event. _____ (initial) not applicable

STUDENT PARTICIPANT

I understand that I am subject to the rules of conduct specified by the school and I agree to abide by them as well as the directions of the designated supervisors of this activity.

Signature of Student Participant _____

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. Of the following statements pertaining to medical matters, sign only those that apply.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency or surgical treatment. I 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 at the above phone numbers, contact:

Name and Relationship _____ Phone _____

Family doctor _____ Phone _____

Family Health Plan Carrier _____ Policy # _____

Signature _____ Date _____

Other Medical Treatment: In the even it comes to the attention of the school, its administrators, officers and agents, and the Diocese of Covington chaperones, or representative associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called (at my expense, if applicable).

Signature _____ Date _____

Medications: My child is taking medication at present. MY child will bring all such medications necessary, 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:

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 (i.e., non-aspirin products such as acetaminophen or ibuprofen, 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? Yes No

Any physical limitations: Yes No _____

Is child subject to chronic homesickness, emotional reactions to new situation, sleepwalking, bedwetting, fainting? Yes No

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? Yes No

If Yes, provide dated and disease or condition _____

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

