

Archdiocese of Seattle

FIELD TRIP Parental/Guardian Consent Form and Liability Waiver

Participant's Name:	Date of Birth:
·	
Parent/Guardian's Name:	
Home Address:	
Best Daytime Phone:	
e-mail:	
I, (Parent/Guardian)	, grant permission for my child, (Child's Name)
	, to participate in this organization-sponsored event
the middle and adjunction of the organization	ay from the organization site. This activity will take place under on employees and/or volunteers from <u>St. Luke School</u> . 1090 on closhing on the field trip.
Type of event: Service Da	nrady Friday 900 13 Return Students will be walking arpool back ofter lunch.
cost: cost of lunch	students. I can fit car seats. from $9^{-2}/2^{0}$
child who is 8 years old or older, or 4 feet 9 inches or talle appropriately fitting child restraint system. Children under	t be restrained in child restraint systems, unless the child is 4 feet 9 inches or taller. A r, must be properly restrained either with the motor vehicle's safety belt or an 13 years old must be transported in rear seats where it is practical to do so.
As parent and/or legal guardian, I remain leg minor participant.	ally responsible for any personal actions taken by the above named
fend (Organization) Corporation of the Catholic Archbishop of Se any and all actions, claims, demands, damage connection with my child attending the event of the corporation.	eattle, chaperones, or representatives associated with the event, from ges, costs, expenses and all consequential damage arising from or in or in connection with any illness or injury or cost of medical treatment in ensate the organization, its officers, directors and agents, and the eattle, chaperones, or representatives associated with the event for
Signature:	Date:

Participant's Name:	
Medical Matters:	
hereby warrant that to the best of my knowledge, my child the health of my child.	is in good health, and I assume all responsibility for
Emergency Medical Treatment:	
n the event of an emergency, I hereby give permission to trong surgical freatment. I wish to be advised prior to any further an emergency, if you are unable to reach me at the above r	er treatment by the hospital or doctor. In the event of
Name:	
Relationship:	Phone:
Family doctor:	Phone:
Family Health Plan Carrier:	Policy #:
Specific Medical Information: The organization of the organization	on will take reasonable care to see that the following
morgio rodonono (modrodanono, roddo, pidino, modele, etel).	
mmunizations- date of last tetanus/diphtheria immunization	
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mmunizations— date of last tetanus/diphtheria immunization Does child have a medically prescribed diet? Any physical limitations? s child subject to chronic homesickness, emotional reaction	n: ns to new situations, sleepwalking,
mmunizations— date of last tetanus/diphtheria immunization Does child have a medically prescribed diet? Any physical limitations? s child subject to chronic homesickness, emotional reaction bedwetting, fainting? Has child recently been exposed to contagious disease or contagious disease.	ns to new situations, sleepwalking, conditions, such as mumps, measles,
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