



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: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

I, (Parent/Guardian) \_\_\_\_\_, grant permission for my child, (Child's Name) \_\_\_\_\_, to participate in this organization-sponsored event that requires transportation to a location away from the organization site. This activity will take place under the guidance and direction of the organization employees and/or volunteers from St. Luke School.

Students should wear: \_\_\_\_\_ free dress ☒ uniform We will eat: \_\_\_\_\_ at school ☒ on the field trip.

A brief description of the activity follows:

Type of event: Advisory Service Day

Location of event: Christa Retirement, walk to lunch, walk back to school

Individual(s) in charge: Mr. Kramer

Date and time of departure: 6/2/17 9:45 am Return: 2 pm (Walking)

Mode of transportation to and from event: To: Parent Drivers From: Walking with Konrad's

Cost: 0 (Bring Lunch money)

I am able to drive on this field trip. Drivers Report at 9:30 am, will be done driving @ 10:30

I have \_\_\_\_\_ seat belts and can drive \_\_\_\_\_ students. I can fit \_\_\_\_\_ car seats.

I have a driver form on file. \_\_\_\_\_ yes \_\_\_\_\_ no, please send one home.

Effective July 1, 2007, children less than 8 years old must be restrained in child restraint systems, unless the child is 4 feet 9 inches or taller. A child who is 8 years old or older, or 4 feet 9 inches or taller, must be properly restrained either with the motor vehicle's safety belt or an appropriately fitting child restraint system. Children under 13 years old must be transported in rear seats where it is practical to do so.

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 (Organization) St. Luke School, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, 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 organization, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

## 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, if 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 organization 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? \_\_\_\_\_

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? \_\_\_\_\_

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

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