PARISH/SCHOOL FIELD TRIP PARTICIPANT FORM (Overnight)

Participant's name: _____ Date of birth (MM/DD/YY): _____
Parent/Guardian's name: _____ Home Phone: _____
Home address: _____

I, _____, grant permission for my child _____, to
Parent/guardian name *Child's name*
participate in this parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from _____ (Name of parish/school).

Event name/type: _____
Date(s) of event: _____
Location of event: _____
Individual in charge: _____
Estimated date/time of departure and return: _____
Mode of transportation to and from event: _____

I understand and agree that during this event, my child may be supervised by qualified staff and chaperones from another parish or school within the Roman Catholic Diocese of Sacramento, and that participants may share accommodations when appropriate. I acknowledge that all supervision and activities are conducted under diocesan policies and coverage.

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 Parish/School), its officers, directors, employees and agents, and the **Diocese of Sacramento**, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the **Diocese of Sacramento,** its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the **Diocese of Sacramento**.

Signature: _____ **Date:** _____

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge that 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 to Child: _____
Phone: _____ Alt Phone: _____

Family doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ **Date:** _____

OTHER MEDICAL TREATMENT: In the event it comes to the attention of the parish/school, its officers, directors and agents, and the **Diocese of Sacramento**, chaperones, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called as soon as it is reasonably possible (sign only those that are 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:

Signature: _____ **Date:** _____

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 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 the child have a medically prescribed diet? _____
Does the child have 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, chicken pox, etc.? If so, list date and disease or condition: _____
_____

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

Signature: _____ **Date:** _____