

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Form for Daytime Trips, Overnight Trips, and Additional Activities

Dear Parent or Legal Guardian:

If you would like your child to participate in this event, please complete, sign, and return this statement of consent and release of liability. As parent or legal guardian, you remain legally responsible for any personal actions taken by the named minor ("participant").

This activity will take place under the guidance and supervision of employees and/or volunteers from

Blessed Francis Xavier Seelos A brief description of the activity follows:

Type of event: 40 Days for Life

Destination: Planned Parenthood & Meagher State Park

Individual in charge: Theresa West

Date and estimated time of departure and return: 10-24-2020 10am to 3pm

Mode of transportation to and from event: Chaperone / Parents auto's

Participant's name: _____ Birth date: _____

Parent/Guardian name: (please print) _____

Address: _____

Parent Cell Phone: _____ Other Phone: _____

Parent email: _____

Student Agreement/Code of Conduct:

While participating in this field trip, I will accept responsibility for maintaining good conduct and appearance. I will listen attentively, follow directions and be respectful to everyone. I understand and accept that all school and parish rules and disciplinary actions apply to this trip. My parent(s)/guardian(s) and I have discussed this code of conduct for the field trip.

Participant's Signature: _____

Date: _____

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/institution) Blessed Francis Xavier Seelos officers, directors, employees and agents, and the Archdiocese of Mobile, 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/institution, its officers, directors and agents, and the Archdiocese of Mobile, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses that 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/institution/archdiocese.

Signature: _____ Date: _____

Appendix 1

YOUTH TRAVEL/ACTIVITIES ADULT LIABILITY WAIVER

(Leaders and/or chaperones)

I, _____ agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend Blessed Francis Xavier Seelos School/Parish/Institution, and the Archdiocese of Mobile, its officers, directors, employees, or representatives associated with the trip/activity from any and all liability claims, loss or damage arising from or in connection with my participation in the trip/activity.

Signature: _____ Date: _____

Medical Matters: I hereby warrant that to the best of my knowledge, I am in good health.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport me to a hospital for emergency medical or surgical treatment.

Specific Medical Information that may impact medical treatment: _____

In the case of an emergency contact:

Emergency contact person: _____

Emergency Contact's Cell Phone: _____ Other Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Printed Name: _____

Appendix 4

Office Use:
Date Received _____

MEDICAL INFORMATION FORM

This Medical Information Form should be completed annually. It is the responsibility of the parent/guardian to inform the school or parish of any changes in the child's medical condition during the year.

Participant: _____ Date of Birth: _____
Parent/Guardian: _____ Phone: _____
Address: _____

In the event of an emergency, if you are unable to reach me at the above number, contact:

Emergency contact name (please print): _____
Relationship to participant: _____
Cell Phone: _____ Other Phone: _____
Family doctor: _____ Phone: _____
Family Health Plan Carrier: _____ Policy #: _____
Signature: _____ Date: _____

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

If yes, what is it? _____

Does child have any physical or other limitations? _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed-wetting, fainting? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, flu, etc.? _____ If yes, list date and disease or condition: _____

Additional special medical conditions of my child: _____

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.

Parent/Guardian Signature _____ Date _____

**MEDICAL INFORMATION FORM
(Continued)**

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:

I hereby grant permission for the listed medications to be taken by my child on the trip, if necessary.

Parent/Guardian Signature _____

Other Medical Treatment:

1. I want to be called in the event it comes to the attention of the parish/school/institution, its officers, directors and agents, and the Archdiocese of Mobile, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea.

Parent/Guardian Signature _____

2. Please read carefully and choose one to sign

- A. I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Parent/Guardian Signature _____

OR

- B. 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.

Parent/Guardian Signature _____

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.

Parent/Guardian Signature _____

The school/parish will take reasonable care to see that this information will be held in confidence. At the end of the trip, the duplicate medical form copies must be shredded or returned to the school or parish office by the authorized agent.

Appendix 2

ARCHDIOCESE OF MOBILE DRIVER INFORMATION SHEET

Driver

Name _____	Date of Birth _____
Address _____	Driver's License # _____
_____	Date of Expiration _____
Phone # _____	

Vehicle That Will Be Used

Name of Owner _____	Model of Vehicle _____
Address of Owner _____	Make of Vehicle _____
_____	Year of Vehicle _____
License Plate # _____	Date of Expiration _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

I can accommodate _____ students with seat belts. Please note, all passengers under the age of 13, must be restrained in the rear passenger seat of vehicles.

Insurance Information

When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering the specific vehicle.

Insurance Company _____	Policy # _____
Date of Policy Expiration _____	Policy Liability Limits* _____

(*Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000.)

In order to provide for the safety of our students or other members of the parish and those we serve, we must ask each volunteer driver to list all accidents or moving violations they have had in the last five years:

Please be aware that as a volunteer driver, your insurance is primary. There is a policy that would offer additional liability protection should a claim exceed the limits of your policy.

Certification:

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport students. I agree that I will refrain from using a cell phone or any other electronic device while operating my vehicle.

Signature

Date

ARCHDIOCESE OF MOBILE

Incident Report for Injuries

Parish/School: _____ Minor Last Name: _____

Complete this report for all incidents/injuries. This report is for information only. Please read each question carefully, and answer all questions as completely as you can. **Please do not leave any blanks, unless the question does not apply.**

Name of Parish/School/Institution: _____

Name of Injured Person: _____ Phone: _____

Address: _____

Names of Witnesses and their addresses and phone numbers: _____

When did incident/injury occur? Date: _____ Hour: _____ AM/PM

Describe the Incident: (State what the individual was doing and all circumstances leading up to the incident. Try to reconstruct the chain of events leading up to the incident/injury as best can be determined.)

Report/Investigation conducted
by:

Signature of person making the report

Date report prepared

Signature of principal/pastor/director

Date

Please mail this report to the Archdiocese of Mobile, P.O. Box 230, Mobile, AL 36601. You may fax this completed form to 251-434-1547 or scan and email to riskmgmt@mobarch.org.

Appendix 5