

FIELD TRIP

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Name: _____

Birth Date: _____ **Gender:** _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____ **Business Phone:** _____

I, _____, grant permission for my child,

Parent/Guardian Name

_____, to participate in this parish youth ministry

Child's Name

event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers from St. Jude Parish, Monroe. A brief description:

Name of Parish

Type of event: _____

Destination of event: _____

Individual in charge: Rev. Joseph Skip Karcsinski

Estimated time of departure and return: _____

Mode of transportation to and from event: _____

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 St. Jude Parish, Monroe, its officers, directors and

Name of Parish

agents, and the Bridgeport, CT, chaperones, or representatives

(Arch)Diocese

associated with the event, 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 parish, its officers, directors and agents, and the Bridgeport, CT,

(Arch)Diocese

chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ **Date:** _____

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, contact: _____ **PHONE** _____