

## PARENTAL CONSENT FOR PARISH FIELD TRIP

### INFORMATION ABOUT THE EVENT

EVENT: Steubenville, Atlanta COST: 350.00  
DATE(S): July 16-18, 2010 TIME: Leave 6:00 am return Sunday 11:00 pm  
EVENT LOCATION: Atlanta, GA PARISH: Espiritu Santo

### INFORMATION ABOUT MY YOUTH

Name of Youth: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home: \_\_\_\_\_

Emergency Number for above date: \_\_\_\_\_

### CONSENT AND RELEASE

**General:** I hereby request and give my permission for my youth to participate in the above event. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my youth. I, individually and on behalf of my youth named above, do hereby release, covenant not to sue, and save harmless: The Bishop of the Diocese of St. Petersburg; the above Parish; and the employees, agents and volunteers for the event, from any and all claims for any and all harm arising to my youth as a result of their participation in this event.

**Medical:** I hereby request the Parish representative obtain medical treatment for my youth in the unlikely event of injury or illness during this event and I agree to pay any expenses incurred for such treatment. By signing this form I represent that an updated Annual Medical Release form for my youth is on file at the above-named Parish and that it is current and complete as to my youth's allergies, dietary requirements, medications and health conditions. If my youth is taking prescription or non-prescription medication(s) at the time of the above event, I here give consent to the location's medical staff and/or the Parish staff to administer this medication to my youth. I understand that it is my responsibility to send with my youth the appropriate quantity of clearly labeled medication showing dosage and frequency and to notify a chaperone about these issues in advance of the event. I understand that the Parish cannot be responsible for my failure to send the appropriate quantity of medication or for errors in the dosage and frequency due to any cause whatsoever. **ANY FIELD TRIP MAY INVOLVE EXPOSURE TO THE SUN. PLEASE ASSESS YOUR CHILD AND THE AMOUNT OF EXPOSURE AND TAKE APPROPRIATE PRECAUTIONS.**

**Transportation:** \_\_\_\_YES\_\_\_\_NO I hereby grant my youth permission to ride in church sponsored transportation (if available) which will be via \_\_\_\_\_ (plane/car/etc) to and from the event. I understand that all diocesan transportation guidelines will be followed. I also understand that I can request a copy of these guidelines from the Diocesan Office of Insurance and Risk Management or from my local parish or related office.

YOUTH/STUDENTS MUST ACCOMPANY THE PARISH GROUP TO AND FROM THE FIELD TRIP IF TRANSPORTATION IS PROVIDED AND "YES" IS SELECTED ABOVE.

MOTHER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
FATHER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

BOTH SIGNATURES ARE REQUIRED EXCEPT IN SINGLE PARENT FAMILIES. IN THE CASE OF SINGLE PARENT FAMILIES - THE CUSTODIAL PARENT SIGNATURE IS REQUIRED.