

**Catholic Archdiocese of Atlanta
Prince of Peace Church**

Field trip - Parental / Guardian Consent Form and Liability Wavier

Name of Participant: _____

Sex _____ **Date of Birth** _____ **Age** _____

Parent / Guardian's Name _____

Address: _____

Home phone #: _____

Work # _____ **Cell #** _____

Participant's Social Security Number: _____ (Required for treatment in most Hospitals.)

I, (Parent/Guardian above), grant permission for my child, (Participant above), to participate in this parish 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 the parish. A brief description of the activity follows:

Type of Event:

Destination of Event:

Individual in Charge:

Estimated time of Departure and Return:

Mode of transportation to and from event:

As a parent and / or legal guardian, I remain legally responsible for any personal actions taken by my child. I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend this **PARISH** (listed above), its officers, directors, and agents and the **ARCHDIOCESE OF ATLANTA**, Georgia, chaperones, or representatives 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 Archdiocese of Atlanta, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I / We hereby grant permission for publication of group (two or more persons) photo taken at youth events.

Signature of Parent / Guardian _____ Date _____

Catholic Archdiocese of Atlanta
Prince of Peace Church

PARENTAL CONSENT AND EMERGENCY MEDICAL RELEASE FORM

_____ *trip*
_____ *date*

I/We, the parent(s)/guardian(s) of _____ do hereby give my/our permission and approval for my/our son/daughter/guardianship to participate on the *(name of event)* with the *Prince of Peace group*. I/ We do hereby, for myself, my heirs, executors, and administrators, waive, release, absolve, indemnify and agree to hold harmless any and all adults who chaperone this event, other participants, *(Prince of Peace)*, the Catholic Archdiocese of Atlanta, and any of the above named parties' representatives, successors, supervisors, sponsors, and/or organizers, for any injuries in connection with the outing / event(s) named above provided that said injuries are not the result of negligence. I/We hereby grant permission for publication of group (two or more persons) photos taken at youth events.

I/We also give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events named above. I/We understand that in any such instance, all attempts will be made to contact the parent/guardian. In the event that I/we cannot be contacted, I/we hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

I also agree that I am legally responsible for all/any personal actions taken by my child/guardianship during this event, and agree to be financially responsible for any/all damages, legal fees, and other costs incurred as a result of the actions/behavior of my child/guardianship.

Furthermore, I/we agree that if the above named student's behavior is inappropriate, unsafe and/or detrimental to the group, I will be contacted immediately to secure means of removing my child/guardianship from the event premises. I understand that any financial costs incurred as a result of my child/guardianship being sent home are my responsibility.

Parent/Guardian signature: _____ **Date:** _____

Printed Name: _____ **Relationship:** _____

Name of Parish: _____ **Name of Youth Minister:** _____

In signing this form, I certify that all information contained herein is true and accurate to the best of my knowledge.

Participant's Signature: _____ **Date:** _____

In signing the above line, I agree to abide by any / all policies and rules established for this event / activity. Should I not be able to maintain the guidelines and expectations of the adults and my peers, I understand that there will be consequences for my actions, including being removed from the activity and being sent home at my parent's expense.

Basic rules / expectations include, but are not limited to, the following: Respect for all adult leaders, peers, and all property; NO illegal drugs, alcohol, underage smoking, firearms, explosives, or other illegal substances; Males and females are to remain in separate sleeping spaces at all times; No inappropriate physical / sexual activity; Appropriate attire is to be worn at all times. Other guidelines may be set forth accordingly by adult chaperones present for the event(s).

Requested information on both sides of this form MUST be filled in completely in order for the student to participate in this event.

Name of Student: _____ Date of Birth: _____

Address: _____

_____ Home phone #: _____

Participant's Social Security Number: _____ (Required for treatment in most Hospitals.)

Father/Guardian's full name: _____

Social Security Number: _____ Phone #: _____

Home address: _____

Place of business/address: _____

_____ Phone #: _____

Mother/Guardian's full name: _____

Social Security Number: _____ Phone #: _____

Home address: _____

Place of business/address: _____

_____ Phone #: _____

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:

Name & Relationship: _____

Phone #: _____

Insurance Carrier: _____

Insurance Policy Number: _____

Insurance is provided by which parent and/or place of employment? _____

Address and Phone Number of Company: _____

Special considerations to be aware of (ie: allergies, medical conditions, etc...) _____

Medication (and dosage) my son/daughter is currently taking: _____

(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS.
PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.)

****Please photocopy insurance card that is to be used and attach it to this form****

Catholic Archdiocese of Atlanta

(Name of PARISH): _____

ADULT CONSENT and RELEASE FOR MEDICAL TREATMENT

(For adult participants, 21 years of age or older.)

In Case Of Emergency, and in the event that I am not coherent or conscious, I hereby grant _____, and/or other adult chaperones of (*PRINCE OF PEACE*), permission to act on my behalf in seeking emergency medical treatment for myself in the event that such treatment is deemed necessary.

I hereby give my permission to those administering medical treatment to do so.

I further absolve and release (*PRINCE OF PEACE*), its Pastor, employees, and volunteers, as well as the Archdiocese of Atlanta and its employees, from any liability whatsoever when acting on my behalf in regard to medical treatment, and in any other respect deemed necessary should I become incapacitated.

Name of Participant: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Social Security Number: _____
(Required for treatment in most Hospitals.)

Insurance Company: _____

Policy Number: _____

Insurance Address / Phone: _____

Place of employment providing Insurance: _____

Additional comments regarding medical history, allergies, medications, or other conditions:

In the event of an emergency, please contact the person(s) named below:

Name: _____

Relationship: _____

Phone Number(s): _____

I hereby grant permission for publication of group (two or more) photos taken at youth events. I acknowledge that my signature on the bottom of this page signifies that I am in agreement with all the statements on this form. Furthermore, I agree to abide by all policies and expectations regarding adult leaders / chaperones as put forth by (*PRINCE OF PEACE*) and the Catholic Archdiocese of Atlanta. My primary function on this trip is to ensure the safety and well-being of all participants in my charge. I will refrain from any actions / behaviors that are not consistent with the teachings of the Catholic Church and any that could be potentially harmful to myself and any other participants.

Signature of Participant: _____ Date: _____