

**PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Gender: Male / Female (Circle One)

Parent/Guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_

*Parent or guardian's name*

*Child's name*

to participate in this event. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from \_\_\_\_\_.

*Name of parish/school*

A brief description of the activity follows:

Type of event: \_\_\_\_\_

Date & time of event: \_\_\_\_\_

Individual in charge: \_\_\_\_\_

*If the event is offsite:*

Destination of event: \_\_\_\_\_

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 release, hold harmless and defend \_\_\_\_\_,

*Name of Parish/School*

its officers, directors, employees and agents, and the Diocese of Fort Wayne- South Bend, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child's actions while 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, its officers, directors and agents, and the Diocese of Fort Wayne-South Bend, its employees and agents and chaperones, or representatives 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.

Further, in consideration of the aforementioned student, my child, being allowed to participate in this activity, I, on behalf of myself, my child and my child's other parent/guardian, hereby acknowledge recognition that such an activity may expose my child to risks and hazards not ordinarily encountered in school. On behalf of myself, my child, and my child's other parent/guardian, I hereby release the above named Parish / School and the Diocese of Fort Wayne-South Bend, Inc. to the fullest extent permitted by law from any and all claims, judgments and liability of every kind for any injury and damage of any kind, whether personal or property, that we or any one of us may suffer or incur due to my child's participation in the activity,

regardless of whether the injury or damage is attributable to the fault of parties other than the Parish / School or Diocese or attributable to the fault, including negligence, of the Parish / School or Diocese.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature

**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. ***Please read the statements on the following/reverse page pertaining to medical matters; sign only those that are applicable.***

**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: \_\_\_\_\_

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 Fort Wayne-South Bend, 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.

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 child have a medically prescribed diet? \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

**ADULT LIABILITY WAIVER**

Each adult participant, including group leaders and chaperones, must sign this form.

**RELEASE OF LIABILITY/MEDICAL RELEASE**

I, \_\_\_\_\_, agree on behalf of myself, my heirs, assigns, executors, and  
*Full Name*  
personal representatives, to release, hold harmless and defend \_\_\_\_\_,  
*Parish/School*  
the Diocese of Fort Wayne-South Bend, its officers, directors, agents, employees, or  
representatives from any and all liability for illness, injury or death arising from or in connection  
with my participation in the trip, including, not limited to, any claims of negligence on the part  
of the parish / school or diocese.

In the event that I should require medical treatment and I am not able to communicate my  
desires to attending physicians or other medical personnel, I give permission for the necessary  
emergency treatment to be administered. Please advise the doctors that I have the following  
allergies: \_\_\_\_\_  
\_\_\_\_\_

In case of an emergency and for permission for treatment beyond emergency procedures,  
please contact:

Name: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Night time phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Insurance ID Number: \_\_\_\_\_ Insurance Policy Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

Date of birth: \_\_\_\_\_

**INCIDENT INVESTIGATION REPORT FOR INJURIES**

Complete this report for all incidents/injuries as well as for near-miss incidents/injuries. This report is for information only. All claims should be reported immediately to Catholic Mutual Group at (800) 228-6108. 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 Injured (Near-injured) Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Complete address: \_\_\_\_\_

Names of witnesses and their complete addresses and phone numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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. Be specific.

Who was involved? \_\_\_\_\_

What took place? \_\_\_\_\_

When did it occur? Date \_\_\_\_\_ Hour of incident \_\_\_\_\_ AM PM

Where did it happen? \_\_\_\_\_

Why did it happen? \_\_\_\_\_

How did it happen? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of individual in charge

Date report prepared

*Please keep this form on file at the parish/school.*

**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 \_\_\_\_\_  
Registration Expiration Date \_\_\_\_\_ Number of seats with functional seat restraints \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Insurance Information**

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

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Date of Policy Expiration \_\_\_\_\_ Liability Limits of Policy\* \_\_\_\_\_

*\*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 past five years:

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**Please note that as a volunteer driver, your insurance is primary.**

*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.*

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Signature \_\_\_\_\_ Date \_\_\_\_\_