

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____

Birth date: _____ Gender: _____

Parent/Guardian's name: _____

Home address: _____

Home phone: _____ Business 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 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 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, unless such claim arises from the negligence of the parish/diocese.

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. ***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 collect (with phone charges reversed to myself).

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 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.

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:

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.

Signature _____ Date _____