



Archdiocese of Seattle

High School Week of Service, August 6-10 2018
Parent/Guardian Consent Form and Liability Waiver

St John the Evangelist Parish mission is to be Christ-like in our words and actions to everyone we encounter, most especially through our ministries and outreach programs. St John the Evangelist Parish believes that each person has the right to be respected and has the responsibility to respect others. The Parish sees the best in all, and will not judge others on their failures. Our Faith at St John the Evangelist Parish is manifested by upholding the dignity of the human person and self-worth of all individuals. We welcome everyone who comes to worship, and pray that they find solace and comfort within our St John the Evangelist Parish community.

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Best Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

I, (Parent/Guardian) \_\_\_\_\_ grant permission for my child, (Child's Name) \_\_\_\_\_, to participate in this organization-sponsored event that requires transportation to a location away from the organization site. This activity will take place under the guidance and direction of organization employees and/or volunteers from St John the Evangelist Parish

A brief description of the activity follows:

Type of event: High School Week of Service: Mary's Place, St. Vincent de Paul, Northwest Harvest and Westside Baby in the mornings. Fun outings in the afternoons.

Individual(s) in charge Kristin Kent, St. John Parish

Begin date: August 6th, 2018

End date: August 10th, 2018

Mode of transportation to and from event: St John's Bus

COST: \$45.00

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 (Organization) St John the Evangelist Parish, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage 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 organization, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

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

Participant's Name: \_\_\_\_\_

**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 at the above numbers, contact:

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

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

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier \_\_\_\_\_ Policy#: \_\_\_\_\_

**Specific Medical Information:** The organization 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, chickenpox, etc.? If so, date and disease or condition: \_\_\_\_\_

**You should be aware of these special medical conditions of my child:**

\_\_\_\_\_

\_\_\_\_\_