

Parental/Guardian Consent Form and Liability Waiver

Participant's Name: _____ Birth Date: _____
Parents'/Guardians' Name _____
Home Address: _____
Phone: _____ Cellular/Pager _____

We, the undersigned, being all of the parents or guardians of our child _____ (name of child), grant permission and ask that you allow our child to participate in _____ (list event here) sponsored by Holy Cross Catholic Church and other locations and activities determined at the discretion of the adult chaperones, leaving Holy Cross on or about _____ (list time and date) and returning at or about _____ (list time and date).

We, the undersigned agree on behalf of ourselves, our child named herein (if participant is under 18) and our heirs, successors, and assigns, do hereby release, indemnify, and save harmless the Archdiocese of Kansas City in Kansas, Holy Cross Catholic Church of Overland Park, KS and any of its chaperones, chaperone aides, and any other persons connected with the trip from any and all liability, claims, damages, for personal injury, or property loss/damage which may arise as a result of this trip. We agree not to sue any of the above parties, their agents, representatives, employees, or volunteers. We agree to compensate them for reasonable attorney's fees and expenses in connection therewith.

Participant Signature _____ Date _____

Parent/Guardian Signature (if participant is under 18) _____ Date _____

Parent/Guardian Signature (both parents must sign) _____ Date _____

Medical Information

We hereby warrant that to the best of our knowledge, our child is in good health, and we assume all responsibility for the health of our child.

Emergency Medical Treatment: In the event of an emergency, we hereby give permission to chaperones, representatives, agents, volunteers, and employees of the Archdiocese of Kansas City in Kansas, Holy Cross Catholic Church and others selected by the adult chaperones at their discretion, to transport my child to a hospital for emergency medical or surgical treatment. We wish to be advised prior to any further treatment by the hospital or doctor. We hereby authorize the treatment, administration of anesthesia, surgical treatment(s) for our child in the event of a medical situation during our absence or when the hospital or physician(s) are unable to contact us. This authorization extends to any hospital, physician(s) and nursing personnel within the physician's staff where treatment is rendered. We release from medical responsibility and liability, the hospital, physician(s), and nursing personnel for performing medical procedures acting on authority of this medical treatment consent from which such medical providers deem necessary for our child.

In the event of an emergency, if you are unable to reach us at the above numbers, contact:

Person to Contact in Emergency _____ Phone Number of contact person during the trip _____

Family Physician _____ Phone Number of Family Physician _____

Medical Insurance Company _____ Insurance Policy Number _____ Phone Number _____

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

*****I WOULD LIKE THE ADULT CHAPERONE TO DISTRIBUTE NON-PRESCRIPTION MEDS (TYLENOL, BENEDRYL, ETC.) IF REQUESTED BY MY CHILD (CIRCLE ONE) YES NO