

FIELD TRIP

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

Participants Name: _____

Date of Birth: _____ M / F

Parent/Guardian's Name: _____

Address: _____

Phone Number: _____ E-mail Address: _____

I, _____, grant permission for my child,
Parent/Guardian's Name

_____, to participate in this parish event that requires
Youth's Name

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 Ss. Francis and John and Good Shepherd.

A brief description of the activity follows:

Type of Event: Youth Life Ski Trip

Date of Event: Saturday February 16th, 2019

Destination of Event: Perfect North Slopes – Lawrenceburg, IN

Individual in Charge: Katharine Coleman – Youth Life Coordinator

Estimated time of departure and return: Depart 7:00am – Return 9:00pm

Mode of Transportation to and from Event: Church Bus

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:

Name: _____ Phone: _____

Family Doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy Number: _____

Allergic Reactions (medications, foods, plants, insects, etc.) _____

As parent and/or legal guardian, I remain legally responsible for any person 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 Ss. Francis and John and Good Shepherd, its officers, directors, employees and agents, and the Roman Catholic Diocese of Lexington, KY, 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 Roman Catholic Diocese of Lexington, KY, its agents and chaperones, or representative 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 or the Roman Catholic Diocese of Lexington, KY. I certify there have been no changes in my child's medical matters since previously disclosed or otherwise disclosed on the following page.

Signature: _____

Date: _____

Please select one of the following options:

<p><input type="checkbox"/> Tubing Only - \$65</p> <ul style="list-style-type: none">• 8 hour tubing ticket• Bus transportation• Three meals <p><input type="checkbox"/> Skiing/Snow Boarding/Tubing - \$85</p> <ul style="list-style-type: none">• 8 hour lift ticket (includes tubing park)• Ski/Snow Board/Helmet rental• Bus transportation• Three meals	<p>Please make checks payable to GSC.</p> <p>Please also complete the Perfect North Slopes Waiver attached.</p>
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Payment and copy of front and back of Health Insurance Card due with this form.