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Good Shepherd Parish
8200 Gold Coast Drive
San Diego, CA 92126

Parental/Guardian Consent & Liability Waiver

Participant's Name: _____ Birth Date: _____

Participant's Email address: _____

Gender: ☐ M ☐ F Parent/Guardian's Name: _____

Parent/Guardian's Email address: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Grade: _____ Home Phone: _____ Cell Phone: _____

I, the above name of parent or guardian, grant permission for the above named child, to participate in this parish youth ministry event that requires transportation to a location away from the parish site. This activity will take place under the guidance & direction of parish employees and/or volunteers from Good Shepherd Parish.
A brief description of the activity follows:

Type of event or activity: Service Trip, Wii Party for Autisic Kids Date: Tentative - Sat. Jan. 28,

Destination of event or activity: Noah Homes, 12526 Campo Road Spring Valley, CA 91978-2354 (619) 660-6200

Individual in charge of & responsible: Pat Murray (619) 994-9827

Mode of transportation to & from event: Drivers from parish - personal vehicles

Estimated Departure: Meet at Youth Office at 12:30 pm

Estimated Return: Approximately 4:30pm

As parent, and/or legal guardian, I remain legally responsible for any personal actions taken by the above named young person ("participant"). I agree on behalf of myself, my child's other parent if known or living (name of parent) _____, my child named herein, or our heirs, successors, and assigns, to hold harmless & defend Good Shepherd Parish, its officers, directors and agents, & the Diocese of San Diego, chaperons, or representatives associated with the event with respect to any and all actions, claims or demands that may be made or brought against the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, representatives associated with the event, arising from or in connection with my child's 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 parish, its attorney's fees and expenses arising in connection therewith.

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. Of the following statements pertaining to medical matters, sign only those in accordance with your wishes:

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 Number: _____

1) Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Diocese of San Diego, chaperons, 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 charged reversed to myself)

2) Signature: _____ Date: _____

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Medication: 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 are as follows:

3) Signature: _____ Date: _____

No medication of any type whether prescription or nonprescription may be administered to my child unless the situation is life threatening and emergency treatment is required.

4) Signature: _____ Date: _____

I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

5) Signature: _____ Date: _____

Specific Medical Information:
The Parish 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:

(Please do not cut this off, leave it attached to form)

I can drive to the event listed. _____

Besides myself, I can fit _____people in my vehicle.

I cannot drive for this particular event, but please let me know and I can drive at another date. _____