

PARENTAL FIELDTRIP / EVENT NOTIFICATION FORM MEDICAL INFORMATION RELEASE, AND LIABILITY WAIVER

We, the parent or guardian of _____ permit our daughter to attend

What: Slumber party/graduation ceremony

When: Drop off at St. Patrick at 6:00pm/Pick up at St. Patrick at 9:00am

Where: St. Patrick Church and Bethany Center

We, as parents/guardians of the undersigned minor(s), hereby consent and agree to hold harmless, St. Patrick Parish, St. Joan of Arc Parish and /or the Roman Catholic Diocese of Lafayette-in-Indiana, Inc., and any and all employees or volunteers thereof, for any accident, injury or occurrence arising out of, or in connection with activity and our child's event arranged transportation necessary to participate in the aforementioned activity. We understand that our child may be assigned to ride with a licensed adult driver, driving a privately owned automobile, school bus, or charter bus, and that this assignment will be made by the aforementioned staff member.

The undersigned further agrees to hold harmless St. Patrick Parish & St. Joan of Arc Parish and its respective members, directors, employees, and agents from and against any and all claims, demands, actions, lawsuits, and liabilities, including attorney fees and expenses sustained by the indemnitied as the result of negligent, willful, or intentional acts of the undersigned and/or participant.

I give my permission for my son/daughter, in case of an emergency, to be taken to a physician or hospital by either a parent or adult in charge or by parish personnel. I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the parish member in charge or adult chaperone to secure proper treatment for my son/daughter.

I hereby give my permission to St. Patrick Parish, St. Joan of Arc Parish and the Diocese of Lafayette-in-Indiana to utilize the participants image, likeness, actions and statements in any live or recorded audio, video, or photographic display or other transmission or reproduction, in whole or in part, of the activity.

Parish Representative Signature: _____ Date: _____

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Parent/Guardian Signature: _____ Date: _____

PLEASE PRINT LEGIBLY

Parent(s)/Guardian(s) Name: _____

Home Address: _____ City/State/Zip: _____

Phone: () _____ Cell Phone: () _____

Emergency Contact Name (Other than parent/guardian) _____

Home Phone () _____ Cell Phone: () _____

Accident/Hospitalization Policy: _____ Policy Number: _____

Current Allergies: _____

Current Medical Conditions: _____

Current Medications: _____

PERMISSION TO GIVE: Tylenol: Yes No Ibuprofen: Yes No Aspirin: Yes No

Please make CHECKS payable to: **St. Patrick Catholic Church (Cost: \$5.00)**
Permission form due June 17, 2011

FOR OFFICE USE ONLY:
Date: _____ Check or Cash amount: _____ Balance Due: _____