

PARENTAL/GUARDIAN PERMISSION AND LIABILITY WAIVER

Participant's Name: _____ Birth Date: _____ Sex: _____

Parent/Guardian's Name: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

I, _____, grant permission for my son/daughter _____
Parent or Guardian's Name *Child's Name*

to participate in this parish event that requires 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 Holy Angels Parish.

A brief description of the activity follows:

Date(s) of Event: **August 14 / 15** Type of Event: **Inspiration Tour - Fiesta Texas**
Emergency Telephone Number: **325-374-7609** Destination: **San Antonio**
Individual(s) in Charge from parish: **Lori Hines**
Estimated Time of Departure and Return: **6:00a.m. Aug.14 - 6:00p.m. Aug 15**
Mode of Transportation to and from Event: **Privately Owned Vehicles**

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my son/daughter named above. I agree on behalf of myself, my son/daughter named herein, our heirs, successors, and assigns to hold harmless and defend Holy Angels Parish, its officers, directors, agents, and the Diocese of San Angelo from any liability for illness, injury or death arising from or in connection with my son's/daughter's attending the above named event, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of San Angelo, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

If son/daughter needs to be sent home for medical or disciplinary reasons, parent/guardian will be responsible for expenses.

MEDICAL CONSENT AND PERMISSION TO TREAT

To the best of my knowledge, my child, _____ is in good health, and I assume all responsibility for the health of my child. In the event of an emergency, I give permission to transport my child to a hospital for emergency 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, contact:

Name: _____ Relationship: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Please include a photocopy of your Insurance Card, front and back.

Insurance Carrier: _____ Policy Number: _____

Family Doctor: _____ Phone: _____

My son/daughter is taking medication and will bring all medications with him/her and it will be clearly labeled. My son/daughter is taking the following medication(s) and directions for taking this medication, including dosage, frequency and storage are as follows: _____

I hereby grant permission for non-prescription medication (such as cough drops, cough syrup, Tylenol, etc.) to be given to my son/daughter if necessary. I grant such permission _____ Yes _____ No.

Aspirin will not be given to my son/daughter without my permission: I grant such permission _____ Yes _____ No.

Please explain allergies, physical limitations: _____

Signature of Parent or Guardian: _____ Date: _____