

FIELD TRIP FORM

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

Participant's (youth) name: _____

Youth email: _____

Youth Cell: _____

Youth Date of birth: _____ Male or Female: _____

Youth's t-shirt size: _____ (adult size)

Father's Name: _____

Father's Cell Phone: _____

Mother's Name: _____

Mother's Cell Phone: _____

Home address: _____

Home phone: _____

Family email: _____

I, _____ grant permission for my child,

_____ to participate in parish and Archdiocesan event/s stated below that **may** require transportation to a location away from the parish site. These activities will take place under the guidance and direction of parish employees and/or volunteers from Jesus the Divine Word.

Type of event/s: All youth ministry sanctioned events from September 1, 2016 to August 31, 2017

Individual/s in charge: Father John **and/or** Tracey Smith

Mode of transportation to and from event: parent and/or volunteer drivers, **or** commercial bus company.

As a parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant") (*continued on next page*).

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Jesus the Divine Word Parish, its officers, directors, employees and agents, and the Archdiocese of Washington, 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 Archdiocese of Washington, its employees and 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 Archdiocese of Washington.

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 that are applicable.)**

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: _____

Cell #: _____

Family doctor: _____

Phone: _____

Family Health Plan Carrier: _____

Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Washington, chaperones, 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 (with phone charges reversed to myself).

Signature: _____ Date: _____

Medications: 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 medication, including dosage and frequency of dosage, are as follows:

Signature: _____ Date: _____

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

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

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, insect, etc.):

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

If yes, please explain: _____

Does child have any physical limitations? _____

If yes, please explain: _____

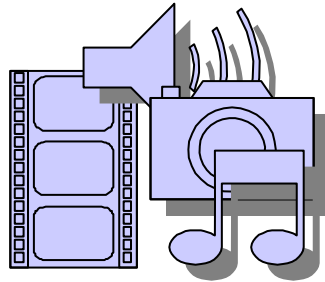
Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? Please explain:

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? If so, list date and disease or condition:

You should be aware of these special medical conditions of my child:

Use of Image Waiver Form

Jesus the Divine Word
885 Cox Road
Huntingtown MD 20639



I hereby grant Jesus the Divine Word, and the Archdiocese of Washington permission to use my own and/or my child's image and likeness in photographs, videos, and audio recording, to include Jesus the Divine Word's website, www.jesusdivineword.org. I understand and agree that any or all of the above will become property of Jesus the Divine Word. I hereby irrevocably authorize Jesus the Divine Word to edit, alter, copy, exhibit, publish or distribute my own/my child's image or likeness for purposes of publicizing or promoting Jesus the Divine Word programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my own/my child's likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the promotional materials. I hereby hold harmless and release and forever discharge Jesus the Divine Word or the Archdiocese of Washington all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf, my child's behalf, or on behalf of my estate have or may have by reason of this authorization.

Printed Name of parent/legal guardian

Signature

Date