

To participate in Service Saturday on Nov 3, this permission form **MUST** be turned in or emailed to the Church Office **NO LATER THAN Wednesday, Oct 31**

PARENTAL CONSENT FOR PARISH FIELD TRIP

INFORMATION ABOUT THE EVENT

EVENT: LT Service Saturday COST: FREE
DATE(S) Saturday, November 3, 2018 TIME: 9-11 AM
EVENT LOCATION: The Volunteer Way - 8061 Congress St, New Port Richey, FL 34653 PARISH: OLOR

INFORMATION ABOUT MY YOUTH

Name of Youth: _____ Date of Birth _____
Home Address: _____
Name of Parent/Guardian: _____
Work Phone: _____ Home: _____
Emergency Number for above date: _____

CONSENT AND RELEASE

General: I hereby request and give my permission for my youth to participate in the above event. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my youth. I, individually and on behalf of my youth named above, do hereby release, covenant not to sue, and save harmless: The Bishop of the Diocese of St. Petersburg; the above Parish; and the employees, agents and volunteers for the event, from any and all claims for any and all harm arising to my youth as a result of their participation in this event.

Medical: I hereby request the Parish representative obtain medical treatment for my youth in the unlikely event of injury or illness during this event and I agree to pay any expenses incurred for such treatment. By signing this form I represent that an updated Annual Medical Release form for my youth is on file at the above-named Parish and that it is current and complete as to my youth's allergies, dietary requirements, medications and health conditions. If my youth is taking prescription or non-prescription medication(s) at the time of the above event, I here give consent to the location's medical staff and/or the Parish staff to administer this medication to my youth. I understand that it is my responsibility to send with my youth the appropriate quantity of clearly labeled medication showing dosage and frequency and to notify a chaperone about these issues in advance of the event. I understand that the Parish cannot be responsible for my failure to send the appropriate quantity of medication or for errors in the dosage and frequency due to any cause whatsoever. ANY FIELD TRIP MAY INVOLVE EXPOSURE TO THE SUN. PLEASE ASSESS YOUR CHILD AND THE AMOUNT OF EXPOSURE AND TAKE APPROPRIATE PRECAUTIONS.

Transportation: _____ YES NO I hereby grant my youth permission to ride in church sponsored transportation (if available) which will be via [NOT PROVIDED] (plane/car/etc) to and from the event. I understand that all diocesan transportation guidelines will be followed. I also understand that I can request a copy of these guidelines from the Diocesan Office of Insurance and Risk Management or from my local parish or related office. ****Transportation NOT provided—must have own transportation to and from the event.**

YOUTH/STUDENTS MUST ACCOMPANY THE PARISH GROUP TO AND FROM THE FIELD TRIP IF TRANSPORTATION IS PROVIDED AND "YES" IS SELECTED ABOVE.

MOTHER'S SIGNATURE _____ DATE _____
FATHER'S SIGNATURE _____ DATE _____

BOTH SIGNATURES ARE REQUIRED EXCEPT IN SINGLE PARENT FAMILIES. IN THE CASE OF SINGLE PARENT FAMILIES - THE CUSTODIAL PARENT SIGNATURE IS REQUIRED.

***Only fill out this page if you are NOT registered for OLOR LifeTeen for this school year, 2018-2019.**

Parish Name Our Lady of the Rosary

Parish Address 2348 Collier Parkway, Land O Lakes, FL 34639

Parish Phone Number 813-949-4565

In case of an accident or serious illness, the above parish will contact the parent/guardian listed below. If the parish is unable to reach them, or any other person designated, then I hereby authorize the church and its representatives to contact my child's physician and/or make arrangements for immediate emergency treatment. Payment or fees for all medical services will be the responsibility of the parent/guardian. **THIS**

MEDICAL RELEASE IS VALID FROM SEPTEMBER 1, 2018 UNTIL AUGUST 31, 2019 and for all events throughout the year. I understand that it is the parent's responsibility to update this form as necessary throughout the year.

Youth's Name: _____

Parent or Legal Guardian's Name _____ Phone(s) _____

Emergency contact information: _____

Family Physician's Name: _____ Phone: _____

Insurance Co. Name _____ Medical Insurance: ID number _____

Group Number _____ Cardholder's Name _____

Health Information

List all medications taken daily and/or regularly:

Youth/participant's allergies, if any, including medication and food allergies:

Youth/participant's chronic medical problems (e.g. diabetes, epilepsy):

Youth/participant's other physical restrictions or dietary requirements (if any):

Date of Tetanus: _____ Other medical: _____

Other medical treatment: In the event it comes to the attention of the Church representatives, volunteers or employees that my child has become ill with symptoms such as headaches, vomiting, sore throat, fever, diarrhea, I want to be called.

<u>My child may be given:</u> Tylenol	YES	NO
Ibuprofen	YES	NO
Throat lozenges	YES	NO
Benadryl	YES	NO

Authorization: All of the above information is true and given to the church with the parent's permission.

Signature of Parent/Guardian

Date