

General Field Trip Consent and Liability Waiver

For most activities that require transportation to a location away from the parish site by vehicles, a separate permission form will be issued for each event.

I grant permission for my child(ren) named in this religious education registration form to participate in religious education / youth ministry events that may take place away from the parish site. I understand that such events / activities will take place under the guidance and supervision of parish staff and/or parish volunteers. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by my child(ren) participating in the specific events away from the parish. I agree on behalf of myself, my child(ren), my spouse and our heirs, successors, and assigns, that for the benefit of Immaculate Conception Parish, its officers, directors, agents, and volunteers, and the Diocese of Sioux City, that we release and forever discharge them from any and all claims and causes of actions that we may have against them, arising in connections with the activities and actions of our participant child(ren) while attending said events, or in connection with any illness or injury or cost of medical treatment therewith, in so much as all reasonable efforts have been taken to maintain the safety of my child(ren) while in their care and my child(ren) has (have) complied with all rules and instructions of the program.

Parent or Guardian signature _____ Date _____

Medical Matters

I hereby warrant to the best of my knowledge the child(ren) I am registering for religious education is (are) in good health. I assume all responsibility for the health and medical expenses of my child(ren). In the event of an emergency, I hereby grant permission for my child(ren) to be transported to a hospital for emergency medical treatment. I will be notified prior to any further treatment by the hospital or doctor.

Parent or Guardian signature _____ Date _____

Emergency contact (*other than parent or guardian*) if parent or guardian can not be reached
This person will also be called if your child(ren) is absent and has (have) not been excused by a parent and a parent can not be reached.

Emergency contact name _____ Phone _____

Relationship to your child(ren) _____

Family Doctor name and number _____

Pick up permission for children in grades Kdg, 1, and 2

Children in grades Kdg., 1, and 2 must be picked up at their classrooms unless parent permission given for them to walk. Please select one of the options, below. ***If someone other than listed persons will be picking up your child(ren), or if they are normally picked up and will be walking on a specific day, please call the I. C. office.***

_____ My child will be picked up by _____ Phone _____

Or by _____ Phone _____

Grade K – 4 walk home permission

_____ My child(ren) has (have) permission to walk after religious ed. to _____

Other children in the family

Please list any children you are **NOT** registering for religious education. Include preschoolers, grade school through high school age, and college age.

First and last name	Age	If young adult, does he/she live in our parish?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Permission to publish photos

When pictures or videos are taken at Immaculate Conception, or another faith formation setting / activity:

I give _____

I do not give _____

permission for Immaculate Conception staff / volunteers to publish said pictures / videos of my child in parish / diocesan newsletters, bulletins, parish websites (with no tags), or other parish communications.

Parent signature _____ Date _____

Text message permission

Text mother _____ yes _____ no

Text father _____ yes _____ no

Parent checks email daily at home or on phone _____ yes _____ no

For students in 9th – 12th grades: I give permission for Michele Hanson and/or my child(ren)'s catechist(s) to text message with my child(ren) for the purpose of communicating about religious education or youth ministry activities. I will also be sent the same text message at the same time as my child(ren).

Yes _____ No _____

Student name and cell phone number _____

Student name and cell phone number _____

Parent signature _____ Date _____