

DIOCESE OF SANTA ROSA

Event title

PERMISSION/EMERGENCY INFORMATION

(please print clearly)

Participant Name: _____ School/Parish : _____

INFORMATION: Event Title – Sponsoring church/school/dept Name. Address of event. Transportation details. Registration and payment info.

PARENT/GUARDIAN CONTACT INFORMATION:

Parent/Guardian Name: _____ Cell # _____

2nd Phone # _____ Email: _____

In case of emergency and parent/guardian is unable to be contacted:

Name: _____

Relationship to Participant: _____ Phone # _____

STUDENT'S HEALTH: (note applicable health concerns, allergies and treatments, or medications)

CHECK #1 OR #2 TO INDICATE DESIRED ACTION IN THE EVENT OF ACCIDENT/EMERGENCY:

- **1.** In the event of accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the diocese/parish/school to make such arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon. THE UNDERSIGNED PARENT/GUARDIAN FULLY UNDERSTANDS HE/SHE IS RESPONSIBLE TO PAY ALL COSTS INCURRED AS A RESULT OF THE FOREGOING.

Physician's Name _____ Phone # _____

Medical Insurance Name (Kaiser, etc.) _____ Medical # _____

- **2.** I do not choose the above statement and desire the following action to be taken:

WAIVER: I acknowledge that as a condition of my child's participation, my signature below waives of all claims against the diocese/parish/school, its employees and volunteers. Further, I agree to indemnify and hold harmless the diocese/parish/school, its employees and volunteers, the individual members thereof, agents and employees for any injury, harm, accident, illness, death, loss, liability, cost, expense or claim of any type whatsoever (including attorney's fees) or damage to personal property occurring during or by reason of this field trip, excursion or event.

- Check box if your child's photo may NOT be used by school or diocesan website or within marketing materials.

"My signature below authorizes my child to participate in this event."

Participants must have this signed form in to their school/parish group leader before trip/event departure, and abide by the behavioral expectations set forth at the beginning of the event (be respectful, be responsible, be safe).

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PRINT NAME: _____