

Consent Form & Liability Waiver

PARTICIPANT'S NAME: _____ BIRTH DATE: _____

PARENT/GUARDIAN'S NAME: _____

HOME ADDRESS: _____ HOME PHONE: _____

I, (name of parent/guardian) _____, grant permission for my child (name of child) _____ to participate in the Saint Luke's Church Beach Trip (the "Beach Trip") to be held in Ocean City Maryland, June 22-25, 2010.

For value received, I agree on behalf of myself, my child's other parent if known or living (Name of parent) _____ my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Saint Luke's Church ("St. Luke's"), its officers, directors, and agents, representatives, volunteers and employees of the parish, and chaperones or representatives associated with the Beach Trip with respect to any and all actions, claims or demands that may be made or brought against St. Luke's, its officers, directors and agents, representatives, volunteers and employees of the parish, and chaperones or representatives associated with the Beach Trip, arising from or in connection therewith, and I agree to compensate St Luke's, its officers, directors and agents, representatives, volunteers and employees of the parish, and chaperones or representatives associated with the Beach Trip for reasonable attorney's fees and expenses arising in connection therewith.

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 in accordance with your wishes.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to St Luke's, its officers, directors and agents, representatives, volunteers and employees of the parish, and chaperones or representatives associated with the Beach Trip 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 and RELATIONSHIP: _____

Telephone: () _____.

FAMILY DOCTOR _____

Telephone: () _____.

FAMILY HEALTH PLAN CARRIER _____

Policy Number: _____

(1) **Signature:** _____ **Date:** _____

Other Medical Treatment: In the event it comes to the attention of St. Luke's, its officers, directors and agents, representatives, volunteers and employees of the parish, and chaperones or representatives associated with the conference that my child becomes considerably ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

(2) **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 medications, including dosage and frequency of dosage are as follows: _____

(3) **Signature:** _____ **Date:** _____

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

(4) **Signature:** _____ **Date:** _____

I hereby grant permission for nonprescription medication (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed advisable.

(5) **Signature:** _____ **Date:** _____

Specific Medical Information: St. Luke's will take reasonable care to see that the following information will be held in confidence.

- Allergic reactions (medications, foods, plants, insects, etc.) _____

 - Immunizations: Date of last tetanus/diphtheria immunization: _____

 - Medications child currently takes: _____

 - Does child ha a medically prescribed diet? _____

 - Any physical limitations? _____

- Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? _____

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

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

BEACH TRIP CODE OF BEHAVIOR: I agree that my child shall abide by all rules and regulations as outlined in the Beach Trip Code of Behavior (the "Code"). I understand that if I have not heretofore seen the Code, it is my duty to seek a copy of the Code and to review it and explain it to my child prior to signing this form. I agree that if my child fails to abide by the Code or engages in any infraction of the Code whatsoever, that my child can be immediately dismissed from the Beach Trip and sent home immediately at my expense for the immediate transportation home with no right of reimbursement for any amount in connection therewith.

I fully understand the consequences of the foregoing statements and sign this **PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER** knowingly, freely, and willingly. **(Your signature must appear below or your child will not be permitted to attend the Beach Trip.)**

(6) **Signature:** _____ **Date:** _____

YOUTH: As a member of the Parish of _____ I understand and agree to the Beach Trip Code of Behavior. I also understand and agree that my parent(s) or guardian will be notified at the time of any infractions requiring my dismissal from the Beach Trip and that I will be sent home at my own or my parent or guardian's expense. Being found with any alcoholic beverages, drugs or weapons is cause for automatic dismissal from the trip. **(Your signature must appear below or you will not be permitted to attend the Beach Trip.)**

(7) **Signature:** _____ **Date:** _____