



PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's name: _____ Birth date: _____ Sex: _____

Parent/Guardian's name: _____ Home address: _____

Home phone: _____ Business phone: _____

I, _____ grant permission for my child, _____ to participate in this school event that requires transportation to a location away from the school site. This activity will take place under the guidance and direction of school employees and/or volunteers from East Catholic High School.

A brief description of the activity follows:

Type of event: Senior Boat Cruise **Date of event:** Sept. 3, 2019
Destination of event: Lady Katharine Cruises (Charter Oak Landing)

Individual in charge: Mr. M^cLaughlin

Estimated time of departure and return: 12:00 PM & 4:30 PM

Mode of transportation to and from event: School Bus

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend East Catholic High School, its officers, directors, employees and agents, and the Archdiocese of Hartford, its employees and agents, chaperons, 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 school, its officers, directors and agents, and the Archdiocese of Hartford, its employees and agents and chaperons, 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 school/diocese.

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: _____ Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the school, its officers, directors and agents, and the Archdiocese of Hartford, chaperones, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea I would like to be called.

Signature: _____ Date: _____

Medications: My child is taking the following medication at present. My child will bring all such medications necessary to the school nurse one week prior to the event, and such medications will be well-labeled. A doctor's order is required in order for ALL medications to be administered by a chaperone. Prescription medication must be in the original pharmacy labeled container.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, cough drops) to be given to my child, in the event of headache unrelated to fever or injury, menstrual cramps, or recent dental work. Parent can grant this permission without a physician's approval. Acetaminophen, Ibuprofen, and cough drops are supplied by ECHS.

Signature: _____ Date: _____

Specific Medical Information: The school 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: _____

Does child have 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 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:

