PARENTAL/GUARDIAN CONSENT FORM & LIABILITY WAIVER

***You're a Good Man, Charlie Brown***
**Emergency information**

Participant's name:_____

Birth date:_____Sex:_____

Parent/Guardian's name:_____

Home address:_____

Home phone:_____Business phone:_____

I, _____grant permission for my child, _____

Parent or guardian's name Child's name

to participate in this school event. This activity will take place under the guidance and direction of school employees and/or volunteers from Providence Catholic High School.

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 **Providence Catholic High School**, its officers, directors, employees and agents, and the **Archdiocese of Joliet**, its employees and agents, chaperones, 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 parish, its officers, directors and agents, and the **Archdiocese of Joliet**, its employees and agents and chaperones, 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 parish/diocese/school.

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:_____

Insurance Plan_____Policy #:_____

Signature:_____Date:_____

***Other Medical Treatment:***

In the event it comes to the attention of the parish, its officers, directors and agents, and the **Archdiocese of Joliet** chaperones, or representatives associated with the activity, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature:_____Date:_____

***Medications:***

Please list any medications your son or daughter is currently taking.

_____

_____

Signature:_____Date:_____

I hereby grant permission for non-prescription medication (i.e. non-aspirin products such as acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature:_____Date:_____

***-Continued on next page –***

***Specific Medical Information:***

The school will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications and foods.):_____

Immunizations: Date of last tetanus/diphtheria immunization:_____

Does child have a medically prescribed diet?_____

Any physical limitations?_____

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:_____

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I _____ , the parent of

_____agree that all of the above information is correct to the best of my knowledge.