

CATHOLIC MUTUAL "CARES" LOSS PREVENTION SYSTEM
PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Curriculum Goal: Show Choir
Destination: St. Vincent de Paul Church
Designated Supervisor of Activity: Heather Douglas from Totino-Grace
Date and Time: Tuesdays - GRADES 5-8 from 1:45 -2:30 p.m.
Cost: \$340

Method of Transportation: Parents provide transportation home at 2:30 p.m.
Please pick your child up at the Church. If you are late, pick your child up at the school.

I (Parent or guardian's name) hereby grant my permission for my child, (Child's Name), (Teacher, Grade) to participation in the above named activities including the method of transportation. In consideration of my child's participation, I agree to indemnify St. Vincent de Paul parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits brought against St. Vincent de Paul parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/lawsuit.

I understand that this event will take place away from the school grounds and that my child will be under the supervision of the St. Vincent de Paul School employee and/or volunteers.

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.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Hospital (Preferred)
Family doctor: Phone:
Family Health Plan Carrier: Policy #:

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

SPECIAL MEDICAL INFORMATION:
Allergic reactions (medications, foods, plants, insects, etc):
Any physical limitations?
You should be aware of these special medical conditions of my child:

X Parent/Guardian's Signature Date

Home address:

Home # Work # Emergency#

In the event of an emergency, if you are unable to reach me at the above numbers, contact:
(emergency name & relationship) Phone:

STUDENT: By signing this consent form I agree to abide by St. Vincent de Paul's Code of Conduct described in the School Handbook.

X (Student Signature) (Date) (Teacher/Grade)