



GREATER WOONSOCKET
Catholic REGIONAL SCHOOL SYSTEM

CATHOLIC MUTUAL GROUP - FIELD TRIP

MEDICAL INFORMATION AND PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER

Participant's name: _____
 Date of birth: _____ Sex: _____
 Parent/Guardian's name: _____
 Home address: _____
 Home phone: _____ Business phone: _____

I, _____ (*Parent/Guardian's name*) grant permission for my child, _____ (*Child's name*) 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 the **Greater Woonsocket Catholic Regional School System**.

A brief description of the activity follows:

Type of event: _____
 Date of event: _____
 Destination of event: _____
 Individual in charge: _____
 Estimated time of departure and return: _____
 Mode of transportation to and from event: _____
 Cost: _____

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 the **Greater Woonsocket Catholic Regional School System** its officers, directors, employees and agents, and the Diocese of Providence, 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 parish/school, its officers, directors and agents, and the Diocese of Providence, 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 parish/school or the Diocese of Providence.

Signature: _____ Date: _____

COMPLETED FORM AND PAYMENT, IF APPLICABLE, DUE BY: _____

(SEE REVERSE)



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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. **Please sign below.**

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: _____

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.): _____

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

ADULT LIABILITY WAIVER

*This section is to be completed **ONLY** by adults who wish to participate as chaperons, volunteers, or group leaders*

RELEASE OF LIABILITY

I, _____, (*Full Name*) agree on behalf of myself, my heirs, assigns, executors, and personal representatives, to hold harmless and defend the **Greater Woonsocket Catholic Regional School System**, the **Diocese of Providence**, its officers, directors, agents, employees, or representatives associated with the field trip from any and all liability claims, loss or damage arising from or in connection with my participation in the field trip.

Signature

Date

Print name

(SEE REVERSE)