

# JOHN F. KENNEDY CATHOLIC HIGH SCHOOL FRESHMAN RETREAT PERMISSION SLIP

## PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I, (Parent/Guardian) \_\_\_\_\_, grant permission for my child,  
(Child's name) \_\_\_\_\_, to participate in this school-  
sponsored activity 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 Kennedy Catholic High School. I know of no  
medical or other condition that may affect my child's ability to safely participate in this activity.

### A brief description of the activity follows:

Date: **Feb. 24 (5:30—9:30pm) & Feb. 25 (9am – 9:30pm)** Type of event: **Freshman Retreat**

Location of event: **Kennedy Catholic High School**

Individual(s) in charge: **Ms. Caroline Cacabelos, Mr. Ben Josie, Ms. Jenny Farrell**

Mode of transportation: **N/A** Cost per student: \_\_\_ yes  no

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I authorize school employees and/or volunteers to act for me according to their best judgment in any emergency requiring medical or other attention. I agree on behalf of myself, my child named herein, and our heirs, successors and assigns, to waive, release, hold harmless and defend Kennedy Catholic High School, its officers, directors, agents, representatives, the Corporation of the Catholic Archbishop of Seattle, and all volunteers associated with this activity from any and all liabilities, injuries, actions, claims, demands, damages, costs, expenses and all consequential damage arising from, or in connection to, this activity. Further, I agree to compensate Kennedy Catholic High School, its officers, directors, agents, representatives, the Corporation of the Catholic Archbishop of Seattle, and all volunteers associated with this activity for reasonable attorney's fees and expenses arising therewith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

SEE REVERSE ➡

**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 or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency and you are unable to reach me at the above numbers, contact:

Name (of alternate contact): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**SPECIAL 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? \_\_\_\_\_

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE HAND INTO YOUR THEOLOGY TEACHER BY FEBRUARY 10, 2022**