ARCHDIOCESE OF SEATTLE
CATHOLIC SCHOOLS

EXTENDED FIELD TRIP
Parent/Guardian Consent Form and Liability Waiver

Participant's Name: _____ Date of Birth: _____

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 organization-sponsored event that requires transportation to a location away from the organization site. This activity will take place under the guidance and direction of organization employees and/or volunteers from Kennedy Catholic High School
(Name of Organization)

A brief description of the activity follows:

Type of event: FROSH RETREAT 2026

Location of event: KENNEDY CATHOLIC HS

Individual(s) in charge: Mr. A.J. Hostak, Ms. Megan McNulty, and Mr. Greg Caldwell

Date and time of departure: 5:00pm - 9:00pm on Thu., Feb. 26, Return: 8:00am - 9:30pm on Fri., Feb. 27,

Mode of transportation to and from event: Kennedy Catholic Transportation

Cost: $0

Effective January 1, 2020

- Children under age 2 must be properly secured in a rear-facing car seat,
- Children ages 2-4 must be properly secured in a car seat with a harness which may be either rear facing or forward facing,
- Children ages 4 and older and less than 4'9" tall must be secured in a booster seat with seat belt (or continue in harness seat).
- Children over height 4'9" must be secured by a properly fitted seat belt (typically starting at 8-12 years old).
- Children under age 13 required to ride in the back seat when practical to do so.

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 (Organization) KENNEDY CATHOLIC HS, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the organization, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature: _____ Date: _____

Participant's Name: _____

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: _____

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 organization, its officers, directors and agents and the Seattle Archdiocese, chaperones, or representatives associated with the 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).

Signature: _____ Date: _____

Medications:

My child is taking medication at present. My child will bring all such medications necessary in well-labeled containers, and deliver them to the chaperone in charge. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage are as follows:

_____

Signature: _____ Date: _____

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.

Signature: _____ Date: _____

I hereby grant permission for non-prescription medication such as acetaminophen, throat lozenges, cough syrup, to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: (*The organization 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, chickenpox, etc.? If so, date and disease or condition: _____

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