

**NEWMAN CATHOLIC SCHOOLS  
COMPREHENSIVE CHILD CONSENT, FIELD TRIP AND RELEASE FORM**

**Parental/Guardian Consent Form and Liability Waiver**

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Evening Phone #: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_  
Parent or guardian's name Student's Name

to participate in this Newman Catholic Schools event that requires transportation to a location away from the school site. This activity will take place under the guidance and direction of NCS employees and/or volunteers representing NCS. A brief description of the activity follows:

Description and Purpose of Event: \_\_\_\_\_

\_\_\_\_\_ Student Cost: \_\_\_\_\_

Date and Time of Departure: \_\_\_\_\_ Departing From: \_\_\_\_\_

Date and Time of Return: \_\_\_\_\_ Returning To: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_ Private Auto \_\_\_\_\_ Bus \_\_\_\_\_ Plane \_\_\_\_\_ Other \_\_\_\_\_  
(Describe)

Individual in Charge: \_\_\_\_\_ Other Chaperones: \_\_\_\_\_

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 Newman Catholic Schools, its officers, directors and agents, and the Diocese of La Crosse, chaperones, or representatives associated with the event, 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 Newman Catholic Schools, its officers, directors and agents, and the Diocese of La Crosse, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

I hereby consent to participation by my child, \_\_\_\_\_, in the event described above. I understand that this event will take place away from the school grounds with the mode of transportation as described above and that my child will be under supervision of the designated school employee(s) on the stated dates.

☺ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☺ Student Signature if 18 years old or older: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL MATTERS:** I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. (Or the following statements pertaining to medical matters, sign on those that are applicable.)

**EMERGENCY MEDICAL TREATMENT:** In the event of a medical 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 and relationship to student: \_\_\_\_\_

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

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

Policy Holder's name: \_\_\_\_\_

☺ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☺ Student Signature if 18 years old or older: \_\_\_\_\_ Date: \_\_\_\_\_

**OTHER MEDICAL TREATMENT:** In the event it comes to the attention of the Newman Catholic Schools, its officers, directors and agents, and the Diocese of La Crosse, chaperones, or representatives associated with the activity that my child become ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself.)

☺ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICATIONS:** My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well-labeled with my child's name. All medications will be in their original containers and concise directions for administering the medication to my child, including dosage and frequency of dosage, are as follows: \_\_\_\_\_

☺ Parent/Guardian 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.

☺ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

☺ Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPECIFIC MEDICAL INFORMATION:** The Newman Catholic Schools will take responsible 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 the child have a medically prescription diet or other special dietary needs? If so, explain: \_\_\_\_\_

Any physical limitations: \_\_\_\_\_

Is the child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? \_\_\_\_\_

Has the child recently been exposed to a 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: \_\_\_\_\_

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**STUDENT RESPONSIBILITY CLAUSE:**

I agree to be a positive representative of the Diocese of La Crosse and the Newman Catholic Schools by following all diocesan policies and school rules and/or the athletic code during this activity.

☺ Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**SCHOOL TRIP AUTHORIZATION:**

This trip has been approved based on the procedures and guidelines of the Diocese of La Crosse and the Newman Catholic Schools.

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

Please return completed form to \_\_\_\_\_ by \_\_\_\_\_