

JOHN F. KENNEDY CATHOLIC HIGH SCHOOL

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 John F. Kennedy 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: **Saturday, January 30, 2016** Type of event: **Senior Retreat**

LOCATION OF EVENT: **NEWMAN CENTER, UNIVERSITY OF WASHINGTON**

Individual(s) in charge: **Ms. Kelsey Harrington, Mrs. Jeannie Dailey, Mr. Aires Patulot**

Estimated time of departure: **8:30 am** Return: **9:30pm**

Mode of transportation: **Kennedy Catholic TRANSPORTATION** Cost per student: X yes ___no

Amount: **\$20**

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 John F. Kennedy Memorial 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 John F. Kennedy Memorial 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: _____

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 IN TO THE MAIN OFFICE WITH \$20 ATTACHED TO
THIS PERMISSION SLIP BY WEDNESDAY, DECEMBER 16**