

**Snow Tubing Trip 2020**  
**PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**  
**Please complete and turn in to Parish Office or Faith Formation Office by Jan 29**

Participant's name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: M F  
Parent/Guardian's name: (both if applicable) \_\_\_\_\_  
Home address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_  
Parent Email Address: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_ to participate  
Parent or guardian's name Child's name  
in this activity or event that requires transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or volunteers.

**Name of parish:** Mother Seton Parish  
**A brief description of the activity follows:**

- Type of activity/event:** Snow Tubing
- Destination of event:** Liberty Mountain Resort
- Individual in charge:** Cathy McTighe
- Date of Event:** February 1, 2020
- Time of departure:** Drop off at St Paul Catholic Church in Damascus at 10:30am
- Estimated time of return:** Pick up at St Paul Catholic Church in Damascus at 5:00pm
- Mode of transportation to and from event:** Bus
- Cost of the Trip (cash or check):** \$50

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 Mother Seton Parish, its officers, directors, employees and agents, and the Archdiocese of Washington, its employees and agents, chaperones, 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, its officers, directors and agents, and the Archdiocese of Washington, its employees and agents and chaperones, 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/Archdiocese.

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

Parent would like to Chaperon (must be VIRTUS certified)       Parent cannot help Chaperon

Name: \_\_\_\_\_ CONTINUED ON NEXT PAGE....

**MEDICAL MATTERS:**

**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: \_\_\_\_\_ Date: \_\_\_\_\_ ←

**Medications-** Please initial **all that APPLY.**

\_\_\_\_\_ My child is taking medication at present. List name of medication on line below:

\_\_\_\_\_ My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: \_\_\_\_\_

\_\_\_\_\_ 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.

\_\_\_\_\_ I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

**Specific Medical Information:**

The parish 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, chicken pox, etc.? If so, list date and disease or condition: \_\_\_\_\_

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

**Other Medical Treatment:** In the event it comes to the attention of the parish, its officers, directors and agents, and the Archdiocese of Washington, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be contacted at this number: \_\_\_\_\_

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

**Please remember to send teens dressed appropriately for snow tubing.**