

**DIOCESE OF ALLENTOWN
MISSION TRIP
PARENTAL/GUARDIAN PERMISSION FORM & RELEASE
Baltimore, MD Mission Trip: June 25th-July 1st 2017**

Participant's name: _____
Birth date: _____ Sex: _____
Parent/Guardian's name(s): _____
Home address: _____
Home phone: _____ Email: _____

I (we), _____ grant permission for my (our) child, _____
(Parent or guardian's name(s)) (Child's name)

to participate in this parish/school mission trip that requires transportation to a location away from the parish/school site. This permission includes all related programs or events associated with the mission trip. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from Saint Catharine of Siena Parish.

My (Our) child understands and agrees to abide by all rules and regulations established by the school/parish pertaining to such mission trip.

Description of trip: Mission Trip with YNIA (Young Neighbors In Action)

Cost: \$200.00 per participant; initial non-refundable \$100.00 deposit due February 15th, 2017

Type of event: High School Youth Group Mission Trip (includes current high school teens)

Destination of event: Baltimore, Maryland

Individual in charge: Julia Sneeringer (610) 762-9014

Travel information: Transportation provided by Saint Catharine of Siena Parish employees and/or volunteers. **Departure:** 6/25/17 10am from SC Church. **Return:** 7/1/17 4pm to SC Church

As parent(s) and/or legal guardian(s), I (we) remain legally responsible for any personal actions taken by my (our) child. In consideration for my (our) child's participation, I (we) and my (our) child, agree and understand that we assume the risks inherent in the mission trip, and with full knowledge of the risks, we, and our heirs, successors and assigns, agree to release and to hold harmless and defend Saint Catharine of Siena Parish, and the Diocese of Allentown, Bishop John O. Barres, D.D., S.T.D., J.C.L., and all of their employees and representatives, including chaperones, volunteers or any other representatives associated with the trip (all of whom are collectively referred to as the Diocese) from claims from or related to my (our) child's participation, or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I (we) agree to compensate the Diocese for reasonable attorney's fees and expenses incurred by the Diocese in any action brought against the Diocese as a result of such injury or damage, unless such claim arises from the negligence of the Diocese. We have read carefully this entire (pages 1 and 2) Parental/Guardian Permission Form & Release and agree to its terms and intend to be bound hereby.

Participant's signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

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MEDICAL MATTERS

I (we) hereby warrant that to the best of my (our) knowledge, my (our) child is in good health, and I (we) assume all responsibility for the health of my child.

Emergency Medical Treatment: In the event of an emergency, I (we) hereby give permission to transport my (our) child to a hospital for emergency medical or surgical treatment. I (we) 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 (us) at the above numbers, contact:

Name & relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Medical Insurance Information:

Health Plan Carrier: _____

Group #: _____

I.D. #: _____

Medications: My (our) child is taking medication at present. My (our) child will bring all such necessary medications, 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: _____

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

Specific Medical Information: The parish/school should be aware of the following medical conditions. (The parish/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, chicken pox, etc.? If so, date and disease or condition: _____

Other medical conditions of my (our) child: _____

