

# PARENTAL CONSENT FOR PARISH FIELD TRIP

## INFORMATION ABOUT THE EVENT

EVENT Parish Cleanup Day COST None  
Date(S) Saturday, September 19, 2020 TIME 9:00 am to 2:00 pm  
EVENT LOCATION: St. Frances Xavier Cabrini Catholic Church – Grounds  
PARISH St. Frances Xavier Cabrini Catholic Church

## INFORMATION ABOUT MY YOUTH

Name of Youth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Home Address \_\_\_\_\_  
Name of Parent/Guardian \_\_\_\_\_  
Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Emergency Number for above date \_\_\_\_\_

## CONSENT AND RELEASE

**General:** I hereby request and give my permission for my youth to participate in the above event. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my youth. I, individually and on behalf of my youth named above, do hereby release, covenant not to sue, and save harmless: The Bishop of the Diocese of St. Petersburg; the above Parish; and the employees, agents and volunteers for the event, from any and all claims for any and all harm arising to my youth as a result of their participation in this event.

**Medical:** I hereby request the Parish representative obtain medical treatment for my youth in the unlikely event of injury or illness during this event and I agree to pay any expenses incurred for such treatment. If my youth is taking prescription or non-prescription medication(s) at the time of the above event, I hereby give consent to the location's medical staff and/or the Parish staff to administer this medication to my youth. I understand that it is my responsibility to send with my youth the appropriate quantity of clearly labeled medication showing dosage and frequency and to notify a chaperone about these issues in advance of the event. I understand that the Parish cannot be responsible for my failure to send the appropriate quantity of medication or for errors in the dosage and frequency due to any cause whatsoever. I understand that it is my responsibility to inform the parish staff of any severe or life threatening allergies and to supply any medication's necessary such as but not limited to epi pen. ANY FIELD TRIP MAY INVOLVE EXPOSURE TO SUN. PLEASE ASSESS YOUR CHILD AND THE AMOUNT OF EXPOSURE AND TAKE APPROPRIATE PRECAUTIONS.

**Transportation:** There is no transportation provided by the above Parish, to or from this event. I understand that I am responsible for transportation to and from the event. I understand that I am **to escort** my youth **into the facility** at drop off and **come into the facility to pick up**.

**Publicity/Photo/Video Release:** From time to time, publicity releases for newspapers, television, website, and other media may be prepared about events occurring at the parish. These may or may not be accompanied by photos or videotape of students. The releases may be prepared by St. Frances Xavier Cabrini Catholic Church or media representative.

\_\_\_ **Yes**, I do give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

\_\_\_ **No**, I do not give permission for my student(s) name and likeness to be included in such publicity releases/photos/videos.

MOTHER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

FATHER'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

THE CUSTODIAL PARENT SIGNATURE IS REQUIRED.