

DELONE CATHOLIC HIGH SCHOOL
PARENT PERMISSION AND WAIVER FOR FIELD TRIP PARTICIPATION

Dear Parent/Legal Guardian:

Your son/daughter is eligible to participate in a school-sponsored activity requiring transportation to a location away from the school building. This activity will take place under the guidance and supervision of employees from Delone Catholic High School. A brief description of the activity follows:

Name of Event:

Destination:

Designated Supervisor of Activity:

Date and Time of Departure:

Date and Anticipated Time of Return:

Method of Transportation:

Student Cost:

Other Needs:

If you would like your child to participate in this event, please complete, sign and return the following statement of consent and waiver of liability.

CONSENT AND WAIVER

I hereby request the participation of my son/daughter, _____, in the event described above. I understand that this event will take place away from the school grounds and that my son/daughter will be under the supervision of the designated school employee on the stated dates. I further consent to the conditions stated above on participation in this event, including the method of transportation. I hereby agree, on behalf of the named student and his/her other parent or legal guardians, to waive any claims for liability against this school, the Diocese of Harrisburg (and any diocesan or school officers, agents or employees) which may arise from the participation of the named student in the above described event.

My son/daughter has special medical concerns:
(If yes, please describe on the other side of this form.) _____ Yes _____ No

Print Parent's Name:

Parent's Signature:

Date:

Telephone # Where I can be reached during this trip:

Please Return This Entire Form By:

PLEASE TURN OVER!

DELONE CATHOLIC HIGH SCHOOL
AUTHORIZATION TO TREAT A MINOR

To Whom It May Concern:

I, the undersigned parent or legal guardian of _____,
a minor, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis or
treatment rendered by a licensed physician or under the general or special supervision of any member of the
medical staff and emergency room staff of a duly licensed hospital in the United States and Canada. I further
authorize the Delone Catholic High School Representative to select a medical doctor and/or hospital of his or
her choice for the purpose of diagnosis or treatment of the above-named minor.

It is understood that this authorization is given in advance of any specific authority and power to render care
which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood
that effort shall be made to contact the undersigned prior to rendering treatment to the above-named minor,
but that any of the above treatment will not be withheld if the undersigned cannot be reached. This
authorization is valid only for treatment of emergencies when the undersigned is not available to give consent.

List any restrictions:

This consent shall remain effective from _____ to _____

Signature of Parent or Legal Guardian: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

