

# FOREIGN TRAVEL CONSENT AND WAIVER

## PARENT/LEGAL GUARDIAN CONSENT AND LIABILITY WAIVER

Participant's name: \_\_\_\_\_ Age: \_\_\_\_\_

Birth date: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ Social Security number: \_\_\_\_\_

Parent/guardian's name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Dear Parent or Guardian:

Your son/daughter/individual under your guardianship is eligible to participate in an activity that requires transportation and travel to a foreign country. This activity will take place under the guidance and direction of parish/school staff from

\_\_\_\_\_  
Name of parish/school

## DESCRIPTION OF ACTIVITY/EVENT

Type of event: \_\_\_\_\_

Destination of event: \_\_\_\_\_

Individuals in charge: \_\_\_\_\_

Date(s) of event: \_\_\_\_\_ Estimated time of departure and return: \_\_\_\_\_

Mode of transportation to, from & during event: \_\_\_\_\_

If you desire your son/daughter/individual under your guardianship to participate in this particular event, **please complete, sign and return the following statement of consent and release of liability by** \_\_\_\_\_

I hereby consent to participation by \_\_\_\_\_, my son/daughter/individual under my guardianship, in the event described above. I fully understand that this event will take place away from the parish/school grounds and that my child will be under the supervision of the designated staff and/or volunteers on the stated dates. I understand that such an undertaking involves an element of risk. I assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless the Corporation of the Catholic Archbishop of Seattle, staff, volunteers and drivers from any and all liability that may arise out of participation in this activity. I also give consent for emergency medical treatment if necessary. I do request that if possible, I be contacted prior to treatment. As parent and/or legal guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named participant. My child and I have read and fully understand the attached Code of Behavior for Youth Participants in Events and Activities sponsored by the Catholic Archdiocese of Seattle.

**I further acknowledge that I/we have read, and reviewed with the participant, any and all U.S. Department of State Travel Advisories (see info available on the U.S. Department of State website) relative to this event. I/we agree to defend and hold harmless the Corporation of the Catholic Archbishop of Seattle, staff, volunteers and drivers from any and all claims that may arise out of participation in this event. \_\_\_\_\_ (Initial)**

I further consent to the conditions stated above, including the method(s) of transportation.

Parent's/Legal Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Alternate Emergency Contact: \_\_\_\_\_

Telephone numbers: (day) \_\_\_\_\_ (night) \_\_\_\_\_

PARENT/LEGAL GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Name of participant: \_\_\_\_\_ Your name/relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy No: \_\_\_\_\_

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

Parent/Legal Guardian

Contact your Insurance provider **in advance** to learn about your out of country coverage & procedures.

**Medications:** My child is taking medication(s) at present. My child will bring all such medication(s) necessary and such medication(s) will be well-labeled. Name(s) of medication(s) and concise directions for seeing that my child takes such medication(s), including dosage and frequency, are as follows:

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

Parent/Legal Guardian

I hereby grant permission for non-prescription medication (such as aspirin, Advil, ibuprofen, throat lozenges, cough syrup, pink bismuth, loperidamide for diarrhea) to be given to my child, if deemed appropriate.

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

Parent/Legal Guardian

Have you ever had a *systemic* allergic reaction to bee stings, food or medicine? Yes: \_\_\_\_ No: \_\_\_\_

**If yes**, what was the precipitating substance? \_\_\_\_\_

What was the treatment? \_\_\_\_\_

(if you have severe allergies, please bring your own EpiPen or Bee Sting Kit)

**Specific Medical Information:** 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: \_\_\_\_\_

Any physical imitations? \_\_\_\_\_

Has child (you) recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, SARS, etc.?

If so, date(s) and disease or condition \_\_\_\_\_

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

\_\_\_\_\_

In the event that my minor child/I commit acts that are inappropriate, illegal or dangerous to him/herself/myself or other members of the group, I understand that he/she/I may be sent home.

Parent/Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_