



# Bishop Manogue Catholic High School

EDUCATING THROUGH FAITH, LEADERSHIP, KNOWLEDGE, AND COMPASSION<sup>SM</sup>

## PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER - Pg. 1 of 2

Participant's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Sex:  Male  Female

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

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_,

**Parent/Guardian's name**

**Child's name**

to participate in the following sports, clubs or other activities throughout the school year that, from time to time, require transportation to locations away from the campus of Bishop Manogue Catholic High School (the "School"); or to participate in a single event as described below.

### Check All That Apply:

**Sports:** \_\_\_\_\_

**Clubs:** \_\_\_\_\_

**Campus Ministry/Retreats:** \_\_\_\_\_

**Other Activities:** \_\_\_\_\_

**Single Event**

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

Date of event: \_\_\_\_\_

Individual in charge: \_\_\_\_\_

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

Estimated time of departure and return: \_\_\_\_\_

Mode of transportation to and from event: \_\_\_\_\_

These activities will take place under the guidance and direction of school employees and/or volunteers from the School.

As parent and/or legal guardian, I remain legally responsible for any 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 the School, its officers, directors, employees, agents, volunteers, and representatives associated with the above referenced events or activities, and the Diocese of Reno, its employees, agents and volunteers, arising from or in connection with my child attending said events or activities or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the School and the Diocese of Reno, their officers, directors, employees, agents, volunteers, and representatives associated with said events or activities, for reasonable attorney's fees and expenses arising in connection therewith.**

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



# Bishop Manogue Catholic High School

EDUCATING THROUGH FAITH, LEADERSHIP, KNOWLEDGE, AND COMPASSION<sup>SM</sup>

## PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER – Pg. 2 of 2

### MEDICAL MATTERS

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child, including responsibility for all hospital, emergency or doctor bills that may be incurred by my child.

Of the following statements pertaining to medical matters, check only those that are applicable.

**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: Family \_\_\_\_\_ Phone: \_\_\_\_\_  
Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Health Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Other Medical Treatment:** In the event it comes to the attention of the School, its officers, directors, employees, agents, volunteers, and representatives associated with the event, or the Diocese of Reno, its employees, agents and volunteers, that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called.

#### **Medications:**

**My child is taking medication at present.** My child will bring all medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that my child takes such medication, 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 aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

**Specific Medical Information:** The School will take reasonable care to see that the following information will be held in confidence.

Allergic reaction (medications, food, plants, insects, etc.): \_\_\_\_\_

Immunizations: Date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does the child have a medically prescribed diet or is he or she vegetarian/vegan? \_\_\_\_\_

Does your child have any physical limitations? \_\_\_\_\_

Is your child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting or the like?  
\_\_\_\_\_

Has the child recently been exposed to contagious diseases or conditions, such as mumps, measles, chicken pox, etc.? If so, date and disease or condition: \_\_\_\_\_

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

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please fill out both pages.

Revised 4-25-2013