

ST. PAUL THE APOSTLE PARISH

MEDICAL INFORMATION, PARENTAL/GUARDIAN CONSENT FORM, AND LIABILITY WAIVER

MARCH FOR LIFE BUS TRIP
FRIDAY, JANUARY 24, 2025
1:00AM until approximately 11:55PM

Please complete a separate form for each minor.

PARTICIPANT'S NAME: _____ DATE OF BIRTH: _____

NAMES OF PARENTS OR GUARDIANS _____

HOME ADDRESS: _____

BEST TELEPHONE NUMBERS: _____

I, _____, grant permission for my child,

_____, to participate in this parish event that requires bus transportation to a location away from St. Paul the Apostle Church in Schenectady. This activity will take place under the guidance and direction of employees and volunteers from St. Paul the Apostle Parish or Church and the Roman Catholic Diocese of Albany. As the parent or guardian, I remain legally responsible for any personal 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 Roman Catholic Diocese of Albany and St. Paul the Apostle Parish or Church, its officers, directors, employees, volunteers, agents, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury, including death, or the cost of medical treatment in connection therewith.

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.

Emergency medical treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital, emergency medical site, or surgical treatment center. In the event of an emergency, if you are unable to reach me, please contact:

NAMES AND RELATIONSHIP: _____

BEST TELEPHONE NUMBERS: _____

Medications: If my child is taking medication(s) at the present time, he or she will possess such medications, and such medications will be well-labeled. I understand that none of the individuals mentioned above will administer medications to my child.

Special medical conditions: You should be aware of these special medical conditions of my child:

PRINT NAME

SIGNATURE

DATE