



中華聖母傳教中心
Our Lady of China Pastoral Mission
1001 Grandin Ave. Rockville, MD 20851 / Tel:(301)738-2459 / Fax:(301)738-2479

Field Trip Permission Form

Participant's Name: _____ Birth Date: _____

Parent/Guardian Name: _____

Home Address: _____

Phone: _____ Alternate Phone: _____

Consent and Release of Liability

I, _____, grant permission for my child, _____, to participate in this church event that requires transportation to a location away from the church site. This activity will take place under the guidance and direction of church employees and/or volunteers from **Our Lady of China Pastoral Mission**.

A brief description of the activity follows:

Type of Event:	2019 Youth Group Lenten Retreat
Date of Event:	April 12-14, 2019
Estimated Time of Departure:	4/12/2019 @4:00pm
Estimated Time of Return:	4/14/2019 @4:00pm
Destination of Event:	Freedom Center (Liberty Lodge): 13951 Freedom Center Lane; Leesburg, Virginia 20176
Individuals In-charge:	Gloria Chou, Tony Chu, Liz Hum, & Ben OuYang
Mode of Transportation:	Carpool

As parent and/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 **Our Lady of China Pastoral Mission**, its employees, volunteers, and agents, and the Archdiocese of Washington, its employees and agents, chaperons, 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 cost of medical treatment in connection therewith, and I agree to compensate the pastoral mission, its employees, volunteers, and agents, and the Archdiocese of Washington, its employees and agents and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a results of such injury or damage, unless such claim arises from the negligence of the pastoral mission/diocese.*

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Medical Information and Acknowledgement

Parent/Guardian Acknowledgement: 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 for emergency medical or surgical treatment. I wish to be advised prior to any non-emergency 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 to the Participant: _____

Phone: _____ Alternate Phone: _____

Healthcare Provider: _____ Policy No: _____

Primary Physician: _____

Signature of Parent/Guardian: _____ Date: _____

Non-Emergency Medical Treatment (If Applicable): In the event it comes to the attention of the pastoral mission, its employees, volunteers, and agents, and the Archdiocese of Washington, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be notified immediately.

Signature of Parent/Guardian: _____ Date: _____

Medications (If Applicable): My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Provide medication name(s) and does(s) here: _____

Signature of Parent/Guardian: _____ Date: _____

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.

Signature of Parent/Guardian: _____ Date: _____

I hereby grant permission for **non-prescription medication** (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature of Parent/Guardian: _____ Date: _____

Specific Medical Information: The pastoral mission 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: _____

Does the participant have a medically prescribed diet? _____

Any physical limitations? _____

Is the child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting? _____

Has the participant recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? _____

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