



Roman Catholic Diocese of Phoenix
PERMISSION SLIP FOR OUT OF TOWN/OVERNIGHT TRIPS
Parent/Legal Guardian Consent and Liability Waiver
(attach Emergency Card - Appendix G.1)

Dear Parents of (School):

As a member of the:

your son/daughter may participate in a trip to:

on ("Start Date"):

through ("End Date"):

The designated chief supervisor is:

Depart Date	From	To	Time	Mode of Transportation (Including Airline and Flight # if applicable)

If you wish to have your son/daughter participate in this event, please complete, sign, and return the following statement of consent and release of liability. As a parent or legal guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named student.

.....

PERMISSION FORM

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 _____.**
(DATE)

I, the Parent/Legal Guardian of _____ (the "Student"), request that _____ (the "School") and the Roman Catholic Church of the Diocese of Phoenix (the "Diocese") allow the Student to participate in the out of town/overnight trip described above. I give permission for the Student's participation in said trip. As Parent/Legal Guardian, I remain fully responsible for any legal responsibility resulting from any personal actions taken by the Student. I understand that the Student will be under the supervision of the designated school personnel and chaperones on the stated dates and that all school rules will be in effect. I understand and agree that, if the Student violates any school rule (including, without limitation, rules regarding alcohol or drugs), or is involved in any criminal activity, he/she may be sent home unaccompanied at my expense.

I further hereby grant the above-stated designated chief supervisor or his/her designee (the "caregiver") temporary authority and custody over the Student, limited to the following powers:

- (1) To seek medical care for the Student, including, but not limited to, visits to the doctor or hospital.
- (2) To authorize medical treatment or medical procedures for the Student, in the event of an emergency situation, should the caregiver be unable to reach us.
- (3) To provide first aid or similar care in non-emergency situations.

In the event that the caregiver believes that medical treatment may be needed by the Student, the caregiver will attempt to reach me to obtain direction or authorization prior to seeking treatment. However, should the caregiver determine, in his/her sole discretion, that the delay needed to contact me could result in unwarranted risk to the Student, the caregiver may waive the attempt to contact me and may seek immediate treatment.

I further intend for the caregiver to be treated as I would be with respect to my rights regarding the use and disclosure of individually identifiable health information or other medical records of the Student. This release authority applies to any information governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPAA), 42 USC 1320d and 45 CFR 160-164.

This grant of authority is effective as of the date executed below, and shall remain in effect until the completion of the above-described out of town/overnight trip or until six (6) months following the date of this authorization, whichever occurs first.

In consideration for the Student's participation, on behalf of myself, the Student and our heirs, assigns, executors and personal representatives, I hereby release, absolve, indemnify and agree to hold harmless the School, the Roman Catholic Church of the Diocese of Phoenix (the "Diocese"), and any and all of their officers, directors, agents, employees, representatives, volunteers, sponsors or benefactors of said trip from any and all liability for any and all injury that may arise out of participation in this activity. I understand that such an undertaking involves an element of risk. I hereby expressly assume all risks and hazards incidental to participation in this activity.

For out-of-country trips: I further acknowledge that I have read, and reviewed with the Student, any and all U.S. Department of State Travel Advisories relative to this event and assume all risks and hazards incidental to international travel or otherwise arising out of participation in this event. _____ (Initial)

I agree with and consent to the conditions stated above, including the method(s) of transportation and the grant of authority, signed this ____ day of _____, 20__.

Name of Parent/Legal Guardian

Signature

State of Arizona)
) ss
County of _____)

On this ____ day of _____, 20__, before me, _____, the undersigned officer, personally appeared _____, known to me to be the person whose name is subscribed to this document and acknowledged that he/she signed the same for the purpose therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal.

NOTARY PUBLIC

My commission expires _____