

**St. Mark the Evangelist Catholic Church**  
**PARENTAL CONSENT FOR PARISH FIELD TRIP**

INFORMATION ABOUT THE EVENT

EVENT: Nursing Home Christmas Caroling

COST: N/A

DATE: Saturday, December 10, 2016

TIME: DROP OFF: 1:00 PM  
PICK UP: 3:00 PM

LOCATION: Meet at Fairway Oaks Nursing Home  
13806 N 46<sup>th</sup> Street  
Tampa, FL 33613

INFORMATION ABOUT MY YOUTH

Name of Youth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Name of Parent/Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Number for above date: \_\_\_\_\_ Email Address: \_\_\_\_\_

CONSENT AND RELEASE

**General:** I hereby request and give consent for my youth to participate in the above event. I understand and assume the risks inherent with this event from other parties, but I also understand that all reasonable care and supervision will be exercised to provide for the general well-being of my youth. I, individually and on behalf of my youth named above, do hereby release, covenant not to sue, and save harmless: The Bishop of the Diocese of St. Petersburg; the above Parish; and the employees, agents and volunteers for the event, from any and all claims for any and all harm arising to my youth as a result of their participation in this event.

**Medical:** I hereby request the Parish representative obtain medical treatment for my youth in the unlikely event of injury or illness during this event and I agree to pay any expenses incurred for such treatment. By signing this form I represent that an updated Annual Medical Release form for my youth is on file at the above-named Parish and that it is current and complete as to my youth's allergies, dietary requirements, medications and health conditions. If my youth is taking prescription or non-prescription medication(s) at the time of the above event, I here give consent to the location's medical staff and/or the Parish staff, to administer this medication to my youth. I understand that it is my responsibility to send with my youth the appropriate quantity of clearly labeled medication showing dosage and frequency and to notify a chaperone about these issues in advance of the event. I understand that the Parish cannot be responsible for my failure to send the appropriate quantity of medication or for errors in the dosage and frequency due to any cause whatsoever. ANY FIELD TRIP MAY INVOLVE EXPOSURE TO THE SUN. PLEASE ASSESS YOUR CHILD AND THE AMOUNT OF EXPOSURE AND TAKE APPROPRIATE PRECAUTIONS.

\_\_\_\_\_ **I understand there will not be Transportation provided for these events. Parent/Guardian must provide transportation to and from Fairway Oaks Center.**

MOTHER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

FATHER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

BOTH SIGNATURES ARE REQUIRED EXCEPT IN SINGLE PARENT FAMILIES. IN THE CASE OF SINGLE PARENT FAMILIES – THE CUSTODIAL PARENT SIGNATURE IS REQUIRED.