DIOCESE OF COVINGTON SCHOOL ACTIVITY PERMISSION FORM

Dear Student and Parent/Legal Guardian

Your daughter/guardianship is eligible to participate in a school-sponsored activity that requires transportation to a location away from the school site. This activity will take place under the guidance and supervision of employees from: **NOTRE DAME ACADEMY.**

A Brief description of the activity follows:

~~Curriculum Goal:~~ School Spirit / Athletics

Destination: Valley High School Louisville

Designated Supervisor(s) of Activity: Kimberly Wagner / Wyatt Foust

Date/Time of Departure: 11:30 from NDA

Date/Anticipated Time of Return: ≈ 6:00 at NDA

Method of Transportation: chartered bus

Classes Missed (to be initialed by each teacher involved):

X X X

Student cost: $10.00 (bus) + $10.00 (admission)

If you would like/would like your child to participate in this event, please complete, sign and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal liability which may result from any personal actions taken by the named student. As a student, you remain subject to any disciplinary action which may result from personal actions that are not in compliance with the rules of the school.

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EVENT: NDA vs Sacred Heart Volleyball DATE: 11/7/14

I hereby request that I/my child, _____,

be permitted to participate in the event described and identified above. I understand that this event will take place away from the school grounds and that I/my child will be under the supervision of the designated school personnel on the dates specified above. I release and agree to indemnify the school and it's representatives from liability for any accident in which I/she may be involved or any injury to myself/her which occurs in connection with this activity. I further consent to the conditions stated above for participation in this event, including the method of transportation.

PARENT/GUARDIAN SIGNATURES: _____

STUDENT SIGNATURE: _____

EMERGENCY PHONE NUMBER: _____

ADDRESS: _____

My daughter/guardian has/does not have my permission to drive our car to the event.
(please circle one and initial)

My daughter/guardian has/does not have my permission to transport others to the event.
(please circle one and initial)

STUDENT NAME: _____ HR# _____

OVER ➡

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. Of the following statements pertaining to medical matters, sign only those that apply.

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 phone numbers, contact:

Name and Relationship _____ Phone _____

Family doctor _____ Phone _____

Family Health Plan Carrier _____ Policy# _____

Signature _____ Date _____

Other Medical Treatment: In the event it comes to the attention of the school, its administrators, officers and agents, and the Diocese of Covington chaperones, 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 called (at my expense, if applicable).

Signature _____ Date _____

Medications: 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:

_____

_____

Signature _____ 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 _____ Date _____

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

Signature _____ Date _____

Specific Medical Information: The school 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 child have a medically prescribed diet? ☐ Yes ☐ No _____

Any physical limitations: ☐ Yes ☐ No _____

Is child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting? ☐ Yes ☐ No

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, etc.? ☐ Yes ☐ No

If Yes, provide date and disease or condition _____

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

_____

_____

_____