

**PARENTAL/GUARDIAN CONSENT FORM  
& LIABILITY WAIVER**

***VAN TRANSPORTATION FOR PRESCHOOL STUDENTS***

Participant's name \_\_\_\_\_

Birth date \_\_\_\_\_ Gender : Male  Female

Parent/Guardian's name \_\_\_\_\_

Home address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

I grant permission for my child, \_\_\_\_\_, to be transported by a St. Vincent de Paul staff member prior to or after preschool class instructed at St. Vincent de Paul Preschool. My child will be transported by said staff member, using the St. Vincent de Paul van. This activity will take place under the guidance and direction of St. Vincent de Paul Principal or CAO.

TYPE OF EVENT: Preschool class departure or pick up

DESTINATION OF EVENT: Daycare/home or St. Vincent de Paul School.

ESTIMATED TIME OF DEPARTURE AND RETURN: Varies with number of children and route.

MODE OF TRANSPORTATION TO AND FROM EVENT: St. Vincent de Paul School van. Car seats are provided for students.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("child").

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Vincent de Paul Church and School, its officers, directors, employees and agents, and the Diocese of Lincoln, 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 or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Diocese of Lincoln, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of St. Vincent de Paul Church or School or the Diocese of Lincoln.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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 are applicable.)

**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 numbers, contact:

Name & relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Family doctor \_\_\_\_\_ Phone \_\_\_\_\_  
Family Health Plan Carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medications:** My child is taking medications 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 (such as aspirin, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Specific Medical Information:** We will take reasonable care to see that the following information will be held in confidence.

Allergic reactions (medications, foods, plants, insects, etc.) \_\_\_\_\_

\_\_\_\_\_

Does child have a medically prescribed diet? \_\_\_\_\_

\_\_\_\_\_

Any physical limitations? \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_