

**Saint Eugene Cathedral Youth Ministry  
Field Trip Parental Consent Form 2011-12**

I/we the undersigned request that my child be permitted to participate in the activity named below:

**Child's Name:** \_\_\_\_\_

**Event:** \_\_\_\_\_

**Destination:** \_\_\_\_\_

**Mode of Transport:** \_\_\_\_\_

**Date/Time of Departure:** \_\_\_\_\_ **Date/Time of Return:** \_\_\_\_\_

**MEDICAL RELEASE**

I understand that every effort will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached, I hereby authorize the church representative to consent to whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance and treating such injuries.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority on the part of my agent to give specific consent for any and all such diagnosis, treatment, or hospital care which the aforementioned physician or nurse in the exercise of his/her best judgment may deem advisable.

This authorization is given pursuant to the applicable provision of the Family Code of California and the Health Code of California.

**RELEASE OF CLAIMS AGAINST THE DIOCESE OF SANTA ROSA  
AND ST. EUGENE CATHEDRAL**

As Parent/Guardian, I have voluntarily applied, on behalf of my child, to participate in the above-identified field trip. I understand that there are risks in my child's presence, transportation, and participation in this parish-sponsored program. I HEREBY AGREE ON BEHALF OF MY CHILD TO ASSUME ANY AND ALL RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF OR CAUSED BY MY CHILD'S PRESENCE AND PARTICIPATION IN THIS FIELD TRIP. I HEREBY RELEASE THE PARISH, DIOCESE OF SANTA ROSA, AND ANY OF ITS AFFILIATED ORGANIZATIONS, AGENTS, EMPLOYEES, FROM ALL ACTIONS OR CLAIMS THAT MY CHILD, MY CHILD'S HEIRS AND/OR LEGAL REPRESENTATIVES NOW HAVE OR MAY HEREAFTER HAVE FOR BODILY INJURY, DEATH, AND PROPERTY DAMAGE RESULTING FROM MY CHILD'S PARTICIPATION IN THIS FIELD TRIP.

I HAVE READ THIS AGREEMENT CAREFULLY AND AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME, ON BEHALF OF MY CHILD, AND THE PARISH/DIOCESE OF SANTA ROSA; AND I SIGN IT OF MY OWN FREE WILL.

**BEHAVIORAL EXPECTATIONS**

I agree to direct my child to cooperate with and conform to directions of the supervising adults. I understand that my child's failure to cooperate with behavioral expectations may result in my being called and requested to come and pick up my child immediately.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_