

Saint Margaret School
CATHOLIC MUTUAL GROUP
Saint Margaret School Spring Running/Walking Club

**MEDICAL INFORMATION AND
PARENTAL/GUARDIAN CONSENT FORM/LIABILITY WAIVER**

Participant's name: _____

Date of birth: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Emergency Contact Phone Number: _____

I, _____ grant permission for my child, _____
Parent or guardian's name *Child's name*

...to participate in this school activity, it will require walking to the Kimberly Ann Rock Athletic Complex on Ferris Avenue. At times your child may be transported back to Saint Margaret School by another school parent or supervised walking back to school should a parent not pick up their child by 4:00pm. This activity will take place under the guidance and direction of Keith Burkett and volunteers from Saint Margaret School.

A brief description of the activity follows

Type of event:	Running/Walking Club
Date of event:	When bike path is clear of branches ice & snow until sometime in June.
Destination of event:	Kimberly Rock Athletic Complex and Bike Path.
Individual in charge:	Keith Burkett
Estimated time of departure:	2:40 PM walking from school parking lot.
Parent pick up time at Kimberly Rock:	4:00 PM

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and St. Margaret Parish/School its officers, directors, employees and agents, and the Diocese of Providence, 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 (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers, directors and agents, and the Diocese of Providence, its employees and agents and chaperons, 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 the parish/school or the Diocese of Providence.

Signature: ~~_____~~ Date: _____

Revised March 2017

**Other side
Please!**



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: ~~X~~ _____ **Date:** _____

Other Medical Treatment: In the event it comes to the attention of the parish/school, its officers, directors and agents, and the Diocese of Providence, chaperons, 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 collect (with phone charges reversed to myself).

Signature: ~~X~~ _____ **Date:** _____

SPECIFIC MEDICAL INFORMATION

The parish/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? No Yes? _____

Does child have any physical limitations? _____

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

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

If so, list date and disease or condition: _____

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