



Emergency Information / Medical Release 2021-2022

Student Name: _____
(Last) (First) (MI)

Student Cell Phone Number: _____
Grade: ___ Freshman; ___ Sophomore; ___ Junior; ___ Senior

Parent/Guardian Name: _____
(Please print)

Primary Phone Number _____ Secondary Phone Number _____

Parent/Guardian Name: _____
(Please print)

Primary Phone Number _____ Secondary Phone Number _____

Emergency Information/ Specific Medical Information/Conditions

In the event of an emergency, I, the undersigned parent/guardian of the child named on this form, hereby give permission to the Cardinal Newman High School and their employees, agents, representatives, and adult volunteers, to arrange for and authorize emergency medical, dental, or surgical treatment for my child, as considered necessary by the attending physician. I wish to be advised prior to any further treatment by the hospital or doctor.

Physician Name: _____ Physician Phone: _____
Health Plan Carrier _____ Plan # _____

Dentist Name: _____ Dentist Phone: _____
Dental Plan Carrier _____ Plan # _____

In the event of an emergency, if you are unable to reach me at the numbers listed above, please contact:

Name: _____ Relationship: _____
Telephone # _____ Alternate # _____

Signature of Parent/Guardian

Date

Please note any dietary restrictions: _____

My child is allergic to: _____

Medical Condition: _____

My child is currently taking the following medication(s), which will be provided for my child's use during this activity, in well-labeled, original containers that include clear directions for dosage and frequency of use. I hereby give permission for an adult leader to administer the following medication(s):

_____ *School may request additional medical information.

My child may receive the following over the counter medications from the first aid kit if he/she requests it:

___ Acetaminophen 325mg (contains no aspirin) ___ Ibuprofen 200mg

___ Benadryl ___ Sudafed ___ Tums

Signature of Parent/Guardian

Date

Parent Agreement/Consent

I/we, the undersigned parents or guardians of the child participant named on this form give permission for my/our child's participation in the Cardinal Newman High School activity referred to on this form, and in addition to the Health/Medical Information Consent provisions that we have agreed to above:

- I/we agree to direct my/our child to cooperate and comply with all reasonable directions and instructions from Cardinal Newman High School staff or adult volunteer leaders.
- I/we give permission for my/our child to be transported to and or from Cardinal Newman High School programs, events, and activities by chartered bus or in vehicles driven by adult leaders.
- I/w agree to be responsible for all medical expenses relating to injury of my/our child as a result of his participation in any Cardinal Newman High School activities, whether or not caused by the negligence of the school, diocesan or program employees or agents, or volunteers or other participants.
- I/we understand that in the course of participating in Cardinal Newman High School activities, my/our child may engage in activity that carries a risk of injury to the body, psyche, or property of themselves and others. Such injuries can be cause by other persons, may be accidental or self-inflicted, or may arise from faulty equipment or facilities, existing conditions of recreational facilities, vehicle accidents while in transport during an activity, or through the activity itself.

Accordingly, in consideration for being permitted to participate in the activities of Cardinal Newman High School, to use the equipment provided, and to enter the premises and facilities of the Diocese of Santa Rosa, for any purpose including observation of and participation in activities, the undersigned parent or guardian, for him or herself and any successors in interest, and on behalf of the minor child, agrees as follows:

- To release, waive, discharge, and promise not to sue the Roman Catholic Bishop of Santa Rosa, a corporation sole, and its affiliated entities, employees, agents, and volunteers (the "Diocese") from all liability for any loss or damage, and any claim or demands therefore on account of serious or mortal injury to the body, injury to psyche, or injury to property of the minor child, or to undersigned parent or guardian, whether caused by negligence or other conduct by the Diocese while the minor child, parent, or guardian is participating in Cardinal Newman High School activities or in, upon, or about the premises of the Diocese or any of its facilities or equipment.
- To indemnify and hold harmless the Diocese from any loss, liability, damage, or cost it may incur due to the presence of the minor child, parent, or guardian in, upon, or about the premises of the Diocese, its facilities or equipment, or while participating in any Cardinal Newman High School activities whether caused by the negligence of the Diocese or otherwise.
- That he or she has read this Consent Form and agreement and voluntarily signs it, and that no oral representations, statements, or inducements apart from the contents of this Form have been made.

I/we have read this Agreement and understand and agree to everything set forth above.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Behavior Expectations - At a school-sponsored event, the student is expected to:

- Comply with school policies and event policies regarding dress and behavior;
- Refrain from smoking, drinking alcohol, or using drugs;
- Remain with at least two other students at all times. Never go out alone and/or unsupervised;
- Never spend time socializing with 'local' people around the hotel or within the city;
- Never bring strangers—'local' people or other event participants—to the hotel or to your room;
- Never give out vital information (such as hotel name, phone number, or room number) to anyone not connected with Cardinal Newman High School;
- Notify chaperones of any excursions outside of group activities;
- Be on time to all scheduled activities;
- Participate in all group activities and events;
- Be in your assigned room by established curfew and remain until wake-up call. Remain in assigned room if feeling sick.

Behavior Consequences - At a school-sponsored and chaperoned trip, the chaperones will review the situation and enforce the following consequences for any breach of expected behaviors:

- Parents will be notified and apprised of the situation;
- If warranted, the parent will be required to pick up the student from the event;
- If the parent is unable to pick up the student in a timely manner, the student will be placed on room restriction for the duration of the field trip or until alternate arrangements can be made, or the student will be sent home at the parent's expense;
- Student, upon return to Cardinal Newman High School, will face disciplinary action;
- The student will not be allowed to participate in any future school-sponsored events.
- If the student turns in a forged permission form, or if the student attends the trip without turning in a permission form, the student will be suspended.

I have read the Behavior Expectations and I agree to abide by them as written. I understand that failure to abide by these expectations will result in consequences as listed above.

Student's Signature

Date

Signature of Parent (acknowledging the commitment)