

DIOCESE OF SANTA ROSA

**Chaperone Consent & Emergency Info**

(please print clearly)

Name: \_\_\_\_\_ School/Parish Group: \_\_\_\_\_  
Cell # \_\_\_\_\_

- Check box to confirm clearance of Safe Environment policy through the Diocese of Santa Rosa

**EVENT INFORMATION:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT Name:** \_\_\_\_\_  
Cell # \_\_\_\_\_ 2<sup>nd</sup> Phone # \_\_\_\_\_ Relationship: \_\_\_\_\_

**HEALTH:** (note applicable health concerns, allergies and treatment, or medications): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHECK #1 OR #2 TO INDICATE DESIRED ACTION IN THE EVENT OF ACCIDENT/EMERGENCY:**

- **1.** In the event of accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the diocese/parish/school to make such arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon. THE UNDERSIGNED PARENT/GUARDIAN FULLY UNDERSTANDS HE/SHE IS RESPONSIBLE TO PAY ALL COSTS INCURRED AS A RESULT OF THE FOREGOING.

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Medical Insurance Name (Kaiser, etc.) \_\_\_\_\_ Medical # \_\_\_\_\_

- **2.** I do not choose the above statement and desire the following action to be taken:  
\_\_\_\_\_

**WAIVER:** I acknowledge that as a condition of participation, I agree this waiver shall be extended to any and all claims against the diocese/parish/school, its employees and volunteers. Further, I agree to indemnify and hold harmless the diocese/parish/school, its employees and volunteers, the individual members thereof, agents and employees for any injury, harm, accident, illness, death, loss, liability, cost, expense or claim of any type whatsoever (including attorney's fees) or damage to personal property occurring during or by reason of this field trip, excursion or event.

- Check box if your photo may NOT be used by school or diocesan website or within marketing materials.

This signed permission/emergency form must be on file with the school/parish group leader and abide by the behavioral expectations set forth at the beginning of the event (be respectful, be responsible, be safe).

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_