



# St Gerard Catholic High School

Home of the Royals

521 South New Braunfels Ave.  
San Antonio, TX 78203-1798  
Ph. 210/533-8061  
Fax 210/533-3697

## ATHLETIC EVENT/FIELD TRIP

**Approved by Principal:** \_\_\_\_\_

### Parent/Guardian Consent Form & Liability Wavier

**Student's Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child \_\_\_\_\_ to participate in the St. Gerard High School event that requires transportation away from the school site. This activity will take place under the guidance and direction of school employees and/or volunteers from St. Gerard High School.

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

TYPE OF EVENT/ACTIVITIES PLANNED: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

PERSON IN CHARGE: \_\_\_\_\_

ESTIMATED TIME OF DEPARTURE & RETURN: \_\_\_\_\_

MODE OF TRANSPORTATION TO & FROM EVENT: \_\_\_\_\_

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

**I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend St. Gerard High School, its officers, directors and agents, and the Archdiocese of San Antonio, chaperons or representatives associated with the event, and 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 school, its officers, directors, and agents and the Archdiocese of San Antonio, chaperons or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.**



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

**Insurance:** \_\_\_\_\_ **Policy #:** \_\_\_\_\_

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

**OTHER MEDICAL TREATMENT:** In the event it comes to the attention of St. Gerard High School, its officers, directors, and agents & the Archdiocese of San Antonio, 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.

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

**SPECIFIC MEDICAL INFORMATION:** St. Gerard High School will take reasonable care to see that the following information will be held in confidence.



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

**Immunizations: Date of last tetanus/diphtheria immunization:** \_\_\_\_\_

**Does student have a medically prescribed diet?** \_\_\_\_\_

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

**Is student subject to chronic homesickness, emotional reactions to new situations, sleepwalking, fainting?**

\_\_\_\_\_

**Please list any special medical conditions your student may have:** \_\_\_\_\_

\_\_\_\_\_

**Is there anything else we should know about your student?** \_\_\_\_\_

\_\_\_\_\_