DIOCESE OF SANTA ROSA
Eureka Mission Trip 2019

PERMISSION/EMERGENCY INFORMATION

(please print clearly)

Participant Name: ____________________________________________  School/Parish : ____________________

INFORMATION: Eureka Mission Trip. July 21st 9:30am- Depart St. Eugene's Cathedral (2323 Montgomery Dr, Santa Rosa, CA) to arrive and reside at St. Bernard's high school dorms (243 Henderson St, Eureka, CA) thru July 26th and depart 1pm. Majority of volunteer work will be done at the Betty Kwan Chinn Day Center (133 7th St, Eureka, CA).

PARENT/GUARDIAN CONTACT INFORMATION:
Parent/Guardian Name: _______________________________________________  Cell #________________________
2nd Phone #______________________________ Email: ____________________________________________________
In case of emergency and parent/guardian is unable to be contacted:
Name: _____________________________________________________________________________________________
Relationship to Participant:_________________________________________ Phone #____________________________

STUDENT'S HEALTH: (note applicable health concerns, allergies and treatments, 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 Santa Rosa diocese, St. Bernard parish/school, and/or Betty Chinn Day center 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 my child’s participation, my signature below waives of all claims against the Santa Rosa diocese, St. Bernard parish/school, Betty Chinn Day center, employees and volunteers. Further, I agree to indemnify and hold harmless those afore mentioned entities, 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 child’s photo may NOT be used by school or diocesan website or within marketing materials.

"My signature below authorizes my child to participate in this event."
Participants must have this signed form in to their school/parish group leader before trip/event departure, and abide by the behavioral expectations set forth at the beginning of the event (be respectful, be responsible, be safe).

PARENT/GUARDIAN SIGNATURE:_________________________________________ DATE:_________________________
PRINT NAME: ________________________________________________________________________________