

APPENDIX A

ANNUAL MEDICAL RELEASE FORM

PARISH/SCHOOL _____

PARTICIPANT'S NAME _____

Sex _____ **Date of Birth** _____ **Soc. Sec. #** _____

Home Address _____

City _____ **State** _____ **Zip** _____

Home Phone (____) _____ **Work** (____) _____

NAME OF PARENT/GUARDIAN: _____

Insurance Company: _____

Policy Holder's Name: _____

Relationship to Policy Holder: _____

Policy Number: _____

In case of an emergency notify: _____

Home No. (____) _____ **Work No.** (____) _____

Medical Information

1) Does your child have any allergies? _____ **YES** _____ **NO**

If "YES", please list

2) Does your child have medication of any type, with them?

If "YES", please list.

3) Is there any other physical or emotional condition of which we need to be aware? Please explain.

In the event of any emergency, I give authority to the accompanying adults to authorize treatment. I understand that an attempt to notify me will be made before any treatment is authorized.

PARENT/GUARDIAN SIGNATURE:

_____ **Date** _____

APPENDIX B (For Each Special Event/Field Trip)

PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

PARISH/SCHOOL _____

PARTICIPANT'S NAME _____

Sex _____ **Date of Birth** _____ **Soc. Sec. #** _____

PARENT/GUARDIAN'S NAME _____

Home Address _____

City _____ **State** _____ **Zip** _____

Home Phone (____) _____ **Work** (____) _____

In case of an Emergency please contact: _____

Relationship: _____ **Phone No. (____)** _____

I, [Parent/Guardian named above] grant permission for my child [Participant named above] to participate in this event. I understand that this event will take place under the guidance and direction of parish employees and/or volunteers from the parish/school. My understanding of the event is:

Event: _____

Place/Destination: _____

Individual in Charge: _____

Date(s) and Time(s): _____

Mode of Transportation: _____

As parent/legal guardian, I remain legally responsible for any personal action taken by my child. I agree to hold harmless this parish/school [named above], and the Diocese of Richmond as well as its officers, directors, agents, chaperons, or representatives associated with this event, arising from or in connection with my child attending this event, or including but not limited to accidents, emergencies, exposure to reckless conduct of persons .

PARENT/GUARDIAN SIGNATURE:

_____ **Date** _____

APPENDIX C

DRIVER INFORMATION SHEET

Driver's Name _____ Date of Birth _____

Address _____ Social Security # _____

_____ Phone # _____

Driver's License # _____ Date of Expiration _____

VEHICLE THAT WILL BE USED

Name of Owner _____ Model of Vehicle _____

Address of Owner _____ Make of Vehicle _____

_____ Year of Vehicle _____

License Plate # _____ Date of Expiration _____

If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.

INSURANCE INFORMATION

When using a privately owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle.

Insurance Company _____

Policy # _____ Date of Expiration _____

Liability Limits of Policy* _____

***Please note: The minimal, acceptable liability limit for privately-owned vehicles is \$100,000/\$300,000.**

CERTIFICATION

I certify that the information given on this form is true and correct to the best of my knowledge. I understand that as a volunteer driver, according to the State of Virginia I must be 18 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle used to transport participants of the event.

Signature _____

Date _____