

John Paul the Great Academy

LIABILITY WAIVER AND MEDICAL RELEASE

I, _____ (parent's or guardian's name), grant permission for my youth,
_____ (student's name), to participate in the March for Life.

As parent and/or guardian, I remain legally responsible for any personal actions taken by the above named minor (participant). I agree on behalf of myself, my child named herein, or heirs, successors, and assigns, to hold harmless and defend the school and any representatives associated with this event 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 and its officers, directors, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising in connection therewith.

BEHAVIORAL REQUIREMENTS - Students are expected to comply with all rules in the Family Handbook during a fieldtrip or overnight event. Failure to do so, especially if the situation is deemed by the administration to be serious, can result in the student being sent home at their own expense.

MEDICAL RELEASE - Please Initial each of the following statements:

_____ I hereby warrant that, to the best of my knowledge, my child's health will allow him or her to participate in this pilgrimage, in spite of the physical demands involved. I assume all responsibility for the health of my child.

_____ 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.

_____ I also authorize one of the trip nurses or doctors to dispense to my child any or all of the following as needed:

- Acetaminophen (Tylenol)
- Ibuprofen (Advil)
- Dramamine (for motion sickness)
- Imodium/Pepto (for upset stomach)
- Benadryl (for allergies)
- Robitussin DM (for cough)

_____ If my child needs any other medications, including prescription or over the counter pills, I will check those into the group director at the beginning of the trip, and these medications will be appropriately labeled with prescription information, dosage and frequency of dosage.

_____ Attached to this page is a copy of my health insurance card.

The medicines **brought by my child** on the trip include (write names of medicines, dosage, frequency, and directions for use):

Please identify any current medical conditions / allergies that may affect your child's participation in the trip:

_____ (continued on back of this page...)

In the event of an emergency, if I cannot be reached at the phone numbers given in my child's online registration information, please contact the following persons / phone numbers:

Parent /Guardian Signature _____ Date: _____