



Therese Allin, Provisional President & Principal  
Main: (360) 438-7600 | Fax: (360) 438 - 7607  
5608 Pacific Ave. SE, Lacey, WA 98503-1258

# Off-Campus School Sponsored Event Form, Parent/Guardian Consent Form, and Liability Waiver

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

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

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

E-mail: \_\_\_\_\_

**Type of Event:** \_\_\_\_\_

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

**JPII Advisor | Mobile #:** \_\_\_\_\_

**JPII Chaperone:** \_\_\_\_\_

**Date | Time of Departure:** \_\_\_\_\_

**Date | Time of Return:** \_\_\_\_\_

**Event Transportation:** \_\_\_\_\_

**Additional Information:** \_\_\_\_\_

\_\_\_\_\_

I (Parent/Guardian) \_\_\_\_\_, grant permission for

(Student Name) \_\_\_\_\_, to participate in the Off Campus School Sponsored Event, stated below, that requires transportation to a location away from Pope John Paul II. This activity will take place under the guidance and direction of school employees and/or volunteers from Pope John Paul II High School.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named student. I agree on behalf of myself, my student named herein, or our heirs, successors and assigns, to hold harmless and defend Pope John Paul II High School, its officers, directors and agents, and the Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the events, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my student attending school sponsored events 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 Corporation of the Catholic Archbishop of Seattle, chaperones, or representatives associated with the events for reasonable attorney's fees and expenses arising therewith.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

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**Emergency Medical Information**

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street | City | State | Zip Code

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street | City | State | Zip Code

Preferred Hospital: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Does your child have any illness or special conditions, allergies, etc. that emergency medical personnel would need to be informed about?     Yes     No    Date of Last Tetanus \_\_\_\_\_  
Month | year

If yes, please indicate:

\_\_\_\_\_  
\_\_\_\_\_

In case of an emergency and parent(s)/guardian(s) cannot not be reached the following are emergency contact(s):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

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**Emergency Medical Consent**

I, (Parent/Guardian) \_\_\_\_\_, hereby give my consent for Emergency Medical Care to be provided for my student (Student Name), \_\_\_\_\_, while (he/she) is attending the afore mentioned Pope John Paul II High School sponsored event. I understand that every effort will be made by the school to contact me in the event of such an emergency.

\_\_\_\_\_  
Parent/Guardian Signature\_\_\_\_\_  
Date Signed