



School Year 2009-2010

Dear Student

We are so pleased that you want to work your community service hours here at Good Shepherd. This is a wonderful way for us to keep in touch with our graduates as their lives change and grow.

I need you and your parents to complete some forms so that I can get you cleared to work here at the school.

If you have any questions, please give me a call.

Sincerely,

*Sandy*

Sandy Nelson  
Office Manager  
476-4000

**DIOCESE OF MONTEREY  
 PERMISSION WAIVER AND RELEASE & CONSENT FOR TREATMENT FORM  
 FOR PARISH/SCHOOL ACTIVITY/EVENT**

**To the Parent/legal guardian:** This is an agreement releasing the sponsoring parish/school before, during and after the activity/event. This form is also authorization for the adult supervisor to consent to any medical care needed by the minor, if the situation should arise.

This agreement releases the ROMAN CATHOLIC BISHOP OF MONTEREY, CALIFORNIA, A CORPORATION SOLE, also known as the DIOCESE OF MONTEREY which will be referred to as the DIOCESE OF MONTEREY throughout this document, from any claims that the parent/guardian may have against the DIOCESE OF MONTEREY.

Activity/Event:	<i>Community Service at Good Shepherd Catholic School</i>
Starting Date:	<i>School Year 2009 - 2010</i>
Mode of Transportation:	Parents are responsible for transportation

I, \_\_\_\_\_ (name of parent or legal guardian) parent or legal guardian of

\_\_\_\_\_ (name of child/ren)

hereby give my permission for my child/ren to participate in the youth activity named above. I agree to direct my child/ren to cooperate and conform with directions, instructions and rules established by the chaperones, parish, school or diocesan personnel responsible for the above mentioned youth activity.

In exchange for permitting my child/ren to participate in the above named activity, to the extent permitted by law, I waive all claims for damages which I may have, or which may hereafter accrue to me or my child/ren against the DIOCESE OF MONTEREY, for death, personal injuries, and losses or injuries to property, real or personal, caused by or arising out of the above named activity/event. It is further understood and agreed that this agreement, waiver and release is to be binding on my successors, heirs and assigns.

In addition, to the extent permitted by law, I release and discharge in advance the DIOCESE OF MONTEREY and its officers, agents, employees, from any and all liability relating to the above named activity.

I agree and understand that transportation may be provided in such form and at the discretion of the DIOCESE OF MONTEREY.

My child/ren is/are physically fit and capable of participation in this event.

I authorize a representative of the DIOCESE OF MONTEREY into whose care the above named minor/s has been entrusted, to consent to and permit any and all necessary medical services for my child/ren to be rendered to him/her under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the California Medical Practice Act, to consent to and permit any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to my child/ren by a dentist licensed under the provisions of the Dental Practice Act. I hereby give the representative of THE DIOCESE OF MONTEREY permission to use his/her judgment in obtaining medical services. I agree if medical services are required for my child/ren, THE DIOCESE OF MONTEREY will not be responsible for any medical expenses.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the above-mentioned diocesan representative to give specific consent to any and all such diagnosis, treatment or hospital care that the above mentioned physician in the exercise of his/her best judgment may deem advisable.

I hereby authorize any hospital which has provided treatment to the above named minor/s pursuant to the provisions of Family Code section 6910 to surrender physical custody of such minor/s to the diocesan representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

This authorization shall be in effect during all time that my child/ren is/are under the supervision of THE DIOCESE OF MONTEREY for the above mentioned event and shall remain effective until the minor/s returns from the event and is/are no longer under the supervision of the DIOCESE OF MONTEREY.

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This waiver and release form is signed in order to participate in the above named event for my child/ren's own personal enjoyment and benefit and is done freely with full knowledge of the risk and dangers that are or may be involved. I, the undersigned, have read this release and understand all of its terms. I execute this voluntarily and with full knowledge of its significance.

I have discussed the above with my child/ren and he/she is aware of and understand the importance of following all rules set out by the supervisor(s).

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide the following:

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male  Female

Allergies (foods, drugs, insects, etc.) \_\_\_\_\_

Medications (name, dosage, reason) \_\_\_\_\_

Other information (injuries) or special health/physical conditions: \_\_\_\_\_

**Insurance Information:**  
 Insurance Carrier (Dependent Coverage): \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Persons Authorized to Pick-Up Children:**

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

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

My Child/ren may walk home from this program.

My Child may drive him/herself home from this program.

My Child requires a Child Safety Seat.

**Person(s) to notify in case of an emergency:**

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

Day Phone Number(s) \_\_\_\_\_ Evening Phone Number(s) \_\_\_\_\_

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

Day Phone Number(s) \_\_\_\_\_ Evening Phone Number(s) \_\_\_\_\_

Child/ren's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child/ren's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## **CODE OF CONDUCT: STUDENT PARTICIPANTS**

In order to participate in youth activities sponsored by the Diocese of Monterey, Participants and their Parents/Guardians agree as follows.

Participants agree:

1. I will politely obey the requests and directions of the adult leaders.
2. I will stay with my assigned group or buddy at all times.
3. I will participate in the approved activity at all times.
4. I will dress appropriately at all times.
5. On overnight trips, I will stay in my assigned room and observe the bedtime and quiet hours schedule until group activities begin the next day or as otherwise directed by adult leaders.
6. I will be on time to activities and will observe all check in rules.
7. I will treat adult leaders, other participants, and community members with respect and will not engage in behavior that reflects poorly on me or the group such as: stealing, swearing, fighting, being physically or verbally abusive, being dishonest, damaging property, threatening others, or engaging in disruptive behavior.
8. I will not participate in hazing, teasing, or other similar activities.
9. I will not engage in any illegal activity including:
  - Smoking or possessing tobacco in any form
  - Possessing or Use drugs (Note: Prescription drug use must be disclosed to the adult leaders)
  - Gambling
  - Possessing any weapon

I will take responsibility for my actions and understand that I will be sent home if I do not comply with this Code of Conduct to the satisfaction of the adult leaders.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

***School Year 2009 - 2010***

***Community Service at Good Shepherd Catholic School***

**AGREEMENT: NON-PARTICIPATING PARENT /GUARDIAN**

1. I will immediately and at my own cost retrieve my child from this activity if my child does not comply with this Code of Conduct to the satisfaction of the adult leaders.
2. I have reviewed the Code of Conduct: Participants with my child. He or she understands the Code of Conduct and has promised to comply with it.
3. During the event, I can be reached as follows:
  - a. Home: \_\_\_\_\_
  - b. Work: \_\_\_\_\_
  - c. Cell: \_\_\_\_\_
  - d. Other: \_\_\_\_\_

I realize that if I am a chaperone on this field trip that it may not be possible to release me from this obligation and that someone else will need to retrieve my child.

\_\_\_\_\_  
Signature of Parent Guardian

\_\_\_\_\_  
Print Name

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