

**DIOCESE OF SANTA ROSA – DSRT 4 S
PARENTAL CONSENT FORM**

I/we the undersigned request that my/our child be permitted to participate in the activity named below.

SCHOOL NAME: St. Francis Solano School 2019 Summer Camp Sessions

CHILD'S NAME: _____ CHILD'S AGE: _____

Camp Selection (circle): **Jump Into Art / Lego Robotics**

Camp Session (circle): **Session I: June 10-June 14 / Session II: June 17-21 / Both Sessions I & II**

DESTINATION: St. Francis Solano School: 2019 Summer Camp

SPECIAL INSTRUCTIONS: *Parents will provide a snack and water bottle. Camp time is 9AM to 12PM*

MEDICAL RELEASE:

I understand that every effort will be made to contact me in the event of any accident or injury to my child, but in the event that I cannot be reached, I hereby authorize the school representative to consent to whatever medical or surgical treatment may be considered necessary or advisable by the physician or nurse in attendance and treating such injuries.

It is understood that authorization is given in advance of any specific diagnosis, treatment in hospital care being required, but is given to provide authority and power on the part of my agent to give specific consent for any and all such diagnosis, treatment or hospital care which the aforementioned physician or nurse in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the application provisions of the Family Code of California and the Health Code of California.

RELEASE OF CLAIMS AGAINST THE DIOCESE OF SANTA ROSA AND ST. FRANCIS SOLANO SCHOOL.

As Parent/Guardian, I have voluntarily applied, on behalf of my child, to participate in the above-identified summer camp. I understand that there are risks in my child's/ward's presence, and participation in this school-sponsored program. I HEREBY AGREE ON BEHALF OF MY CHILD TO ASSUME ANY AND ALL RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE, ARISING OUT OF, OR CAUSED BY MY CHILD'S/WARD'S PRESENCE AND PARTICIPATION IN THIS SUMMER CAMP. I HEREBY RELEASE THE SCHOOL, DIOCESE OF SANTA ROSA, AND ANY OF ITS AFFILIATED ORGANIZATIONS, AGENTS, EMPLOYEES, FROM ALL ACTIONS OR CLAIMS THAT MY CHILD, MY CHILD'S HEIRS AND/OR LEGAL REPRESENTATIVES NOW HAVE OR MAY HEREAFTER HAVE FOR BODILY INJURY, DEATH, AND PROPERTY DAMAGE RESULTING FROM MY CHILD'S PARTICIPATION IN THIS CAMP(S).

I HAVE CAREFULLY READ THIS AGREEMENT AND AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF ON BEHALF OF MY CHILD, AND THE SCHOOL/DIOCESE OF SANTA ROSA AND I SIGN IT OF MY OWN FREE WILL.

BEHAVIOR EXPECTATIONS

I agree that the supervising personnel have the right at their discretion to enforce the established rules of conduct, and I agree to direct my child to cooperate and conform with directions of the supervising personnel.

Parent/Guardian _____ Date _____

Please print name _____

Phone _____