

PARENTAL CONSENT FORM

I hereby state that I am the (parent/parents/guardian) of:

and have full legal responsibility for the Participant. I give permission for my son/daughter to participate in the Sophomore Service Training Program at the site indicated:

In the event that my child becomes ill or suffers injury while serving in the program, I understand that Bishop Watterson High School assumes no liability for any such occurrence. In addition, I understand that as a parent, all desired medical insurance coverage is my responsibility.

I acknowledge that not all sites included in the Sophomore Service Training Program fall under the umbrella of the Diocese of Columbus. Those sites that do not fall under the Diocesan umbrella are not bound by the Diocesan safe environment policies.

I will provide the site supervisor with an emergency card, so that any emergency transportation/treatment would be conducted according to my wishes.

I understand that my child may be asked to have a background check completed on behalf of the site.

I understand that the service site(s) my child and I have selected may require a tuberculosis skin test, rubella screening, flu shot and/or a physician's note verifying that she/he is protected. If this is the case:

Please Check one of the below:

_____ I agree to allow my child to be screened at the facility.

_____ I will provide a physician's note verifying his/her protection.

Parent Signature

Date