

MOUNT SAINT JOSEPH ACADEMY
Community Service Program 2009-2010
STATEMENT OF CONSENT

Student's Name _____

Address _____

City _____

Home Phone _____

Emergency Phone and Contact _____

I, the undersigned, am the Parent/Guardian of the student named above and understand that Mount Saint Joseph Academy, the faculty and the staff are not responsible for any accident or injury to the above named student due to activities in the Community Service Program, including the transportation of said student to and from service. This includes traveling to or from various service sites, via alternative transportation, such as public transportation or private car. (Private cars may have student drivers.)

In case of emergency, I give my consent to the Mount Saint Joseph Academy faculty representative(s) to apply basic first aid as needed or to transport said player to the nearest hospital for any injury sustained while participating in the program. Further, in case of severe injury to said student, I hereby release my consent to the hospital to administer any necessary treatment thereof.

Signature of Parent / Guardian

Date

I, the undersigned, am the Parent/Guardian of the above named participant and certify that my daughter has had her driver's license for a minimum of six months. I do, hereby, release my consent to have my daughter assist in transporting other student to and from service sites. I understand that, the number of passengers will **not** exceed the legal number appropriate to the vehicle and that all passengers will be required to utilize seatbelts. By my signature, I hereby release the Academy and its representatives from all responsibility.

Signature of Parent/Guardian

Date

I, the undersigned, am the Parent/Guardian of the above named participant and do, hereby, release my consent to have my daughter travel by private car to and from service sites. I understand that, the number of passengers will **not** exceed the legal number appropriate to the vehicle and that all passengers will be required to utilize seatbelts. By my signature, I hereby release the Academy and its representative from all responsibility.

Signature of Parent/Guardian

Date

ADDITIONAL RELEASES: REGARDING TRANSPORTATION AND STUDENT RELEASE (Please initial and sign as requested.)
[Any additional Parent / Guardian Restrictions, Limitations, Requests - Please attach a separate sheet.]

I, the undersigned, am the Parent/Guardian of the participant named above and do, hereby, release my consent to have my daughter leave from service sites nearer to our home, if possible.

Parent/Guardian Initials: _____

I, the undersigned, am the Parent/Guardian of the participant named above and do, hereby; release my consent to have my daughter transported by another student if necessary.

Parent/Guardian Initials: _____

Also, I do hereby release the Academy and representatives of the Academy from all responsibility.

Signature of Parent / Guardian

Date

Please list any medical information of which we should be aware: (on reverse if necessary)