



Annual Community Service Consent Form

This consent form gives Mater Dei Apostolate staff and volunteers permission to take the below named student off campus for approved community service outings for the 2023-2024 school year. The permission applies to all community service outings occurring within the school year and is valid for one year. Weekly community service outing descriptions will be posted on the Mater Dei Apostolate website. At any time, parents will have the option to withdraw permission for any individual community service outing by notifying Mater Dei Apostolate staff in advance. If a parent or guardian opts out of a specific community service outing, the annual consent remains valid for all other community service outings.

Student Information:

Student Name: _____

Address: _____ City/State: _____ Zip code: _____

Parent/Guardian: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Parent/Guardian: _____ Relationship: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Emergency Contact (not living with student):

Name: _____ Phone #: _____

Medical Information:

Physician: _____ Phone #: _____

Dentist: _____ Phone #: _____

Medical Health Insurance Provider: _____

Policy Number: _____ Name of Insured: _____

Does your child/ward have a medical condition which that Mater Dei Apostolate should be aware of before allowing your child/ward to participate? _____

If yes, list medical condition: _____

If yes, describe symptoms/treatment (i.e. epipen, inhaler, etc.): _____

Medications (list medications student needs to have available on field trip): _____

Consent and Liability Waiver:

I hereby give permission for my child/ward to participate in Mater Dei Apostolate community service outings during the 2019-2020 school year. I understand community service outings may require transportation to a location away from the Mater Dei education center.

I understand that some activities on community service outings involve inherent risks to students regardless of all reasonable safety measures that may be taken by Mater Dei Apostolate. In consideration of Mater Dei Apostolate's agreement to allow my child/ward to participate in the referenced community service outings, I agree to accept responsibility for any loss, damage or injury to my child/ward that occurs during participation in the community service outing that is not the result of fraud, willful injury to a person or property, or the willful or negligent violation of the law by a volunteer or staff member of Mater Dei Apostolate.

In the event it becomes necessary for Mater Dei Apostolate staff or volunteers to obtain emergency care for my child/ward, neither he/she nor Mater Dei Apostolate assumes financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances. I authorize Mater Dei Apostolate staff or volunteers in charge of the students to obtain all necessary emergency medical care and authorize any licensed physician and/or medical personnel to render necessary emergency treatment for my child/ward.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Student Printed Name: _____

Student Signature: _____ Date: _____