

**HST 25<sup>th</sup> Anniversary NYC Trip  
Parental/Guardian Consent Form and Liability waiver**

Participant's / Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_,   
 (Parent/Guardian)

to participate in this field trip event that requires transportation. This activity will take place under the guidance and direction of employees and/or volunteers from HST Cultural Arts, Inc.

A brief description of the activity follows:

Type of event: A one day trip to NYC.

Location of event: Bus pick up and return: Civic Center Parking Lot, 603 Edmonston Dr., Rockville, MD

Individual(s) in charge: Marilyn Mullan and Sonja Der

Date and time of departure: 7am, Monday, Dec. 30, 2019 Return: 11:30pm, Monday, Dec. 30, 2019

Mode of transportation to and from event: Eyre Rented Coach Bus

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor participant.

I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend the Organizer its officers, directors and agents, and any other representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate the Organizer, its officers, directors and agents, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Medical Matters:**

I hereby warrant that to the best of my knowledge, my child is in good health, and assume all responsibility for the health of my child.

**Emergency Medical Treatment:**

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency and you are unable to reach me at the above numbers, contact:

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

Phone Number(s): \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Specific Medical Information:**

HST will take reasonable care to see that the following information will be held in confidence:

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations—date of last tetanus/diphtheria immunization: \_\_\_\_\_

Does your child have physical imitations that will limit their ability to walk extensively during this trip?

\_\_\_\_\_

Will your child have regular medications that they will be bringing/taking on this trip? \_\_\_\_\_

If yes, will they be responsible for taking them at the correct time? \_\_\_\_\_

Do you authorize HST to give your child Tylenol or Ibuprophen for a headache? \_\_\_\_\_

Please list any other concerns or medical conditions HST should be aware of concerning your child.