

ARCHDIOCESE OF LOS ANGELES

DIABETIC CONSENT FORM AND EXPRESS WAIVER AND RELEASE

I, and on behalf of my diabetic child listed below, acknowledge and understand that I and my child are totally responsible for any monitoring and testing of my child's blood sugar levels and I give permission to my child to self administer any and all testing that may be necessary to do so. I acknowledge and understand that my child will be permitted to leave the classroom at a designated time each day prior to lunch to test his / her blood sugar level at the health office. I acknowledge and understand that no healthcare professional will be available at the school to oversee, monitor or supervise the self-administered test.

I, on behalf of myself and my child, hereby voluntarily release, discharge, waive and relinquish any and all claims, actions or causes of action for personal injury or wrongful death occurring to my child, arising or which may thereafter arise as a result of engaging in or failing to engage in said activity or any activities incidental thereto, wherever or however the same may occur and for whatever period said activities may continue, and further agree that under no circumstances will I, on behalf of myself and my child, executors, heirs administrators and assigns prosecute or present any claim for personal injury or wrongful death against the School, The Roman Catholic Archbishop of Los Angeles, a corporation sole, the Archdiocese of Los Angeles Education and Welfare Corporation, their employees, officers, servants and / or other agents, for any of said causes of action, whether the same shall arise by the negligence of any of said persons or otherwise.

Should it become necessary for my child to have medical treatment, I hereby give school personnel permission to call the paramedics to render treatment to my child and I agree that school personnel shall not be responsible for, nor assume undertaking of any other actions, including, but not limited to providing insulin injections, as they are not trained to do so. I agree to relieve the school and other participating adults from any liability in connection with this request.

I HAVE CAREFULLY READ AND FULLY UNDERSTAND AND AGREE TO EACH AND EVERY TERM AND CONDITION CONTAINED IN THIS CONSENT AND LIABILITY RELEASE.

Date

Print Name of Parent / Guardian

Signature of Parent / Guardian

Print Name of Diabetic Child

Date of Birth of Diabetic Child