

FIELD TRIP

PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Participant's Name _____

Birth Date _____ Gender _____

Home Address _____

Home Phone _____ Business Phone _____

Date/type of event _____

Destination _____

Individual (s) in charge _____

Estimated time of departure and return _____

Mode of transportation to & from event _____

Student Cost, if applicable _____

I, _____, grant permission for _____
parent or guardian's name Child's name

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arises out of any behavior by my child at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and Archdiocese in defense of such a claim/law suit.

EMERGENCY MEDICAL TREATMENT: In an event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

(Name) (Phone number)

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present _____

Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

As parent or guardian, I understand parents and/or volunteers 21 years of age and older will be providing transportation in private vehicles. As a parent or guardian, I agree to all of the above stated considerations and conditions.

(Signature) (Date)