



Field Trip 2009-2010 School Year

PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Participant's Name: _____ Birth Date: _____
 Sex: _____ Parent/Guardian's Name: _____
 Home Address: _____
 Home Phone: _____ Business Phone: _____
 Date of Event: _____ Type of event: _____
 Destination: _____ Individual(s) in Charge: _____
 Estimated time of departure and return: _____ Student cost if applicable: _____
 Mode of transportation to & from event: _____

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 the 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 number, 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 agree to all of the above stated considerations and conditions.

Signature

Date