



**FIELD TRIP
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT**

Student/Participant Name: _____
Date of Birth: _____ Sex: _____
Parent/Guardian Name: _____
Home Address: _____
Cell Phone: _____ Work Phone: _____
Date of Event/Field Trip: _____ Type of Field Trip: _____
Destination: _____
Individual(s)/Teacher(s) in Charge: _____
Estimated Time of Departure: _____ Return: _____
Mode of Transportation to & from Event: _____

I, _____, grant permission for _____
Parent or Guardian Name Child 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 DreamCatcher Horse Ranch Rescue Center, Inc. and its employees, Owners, Employees, Volunteers, from any liability, claims or law suits brought against them, by myself, my child or others, that arises at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/school and the Diocese in defense of such a claim/suit.

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

Cell Number: _____ Work Number: _____

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present: _____

Family Health Plan Number: _____ Group Number: _____

Family Doctor: _____ Phone Number: _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

ALL PARENTS / LEGAL GUARDIANS MUST SIGN BELOW.

Please Complete Phone number (required) and e-mail address.

Signature of Parent

Printed Name

Date

Contact Phone Number in case of emergency _____