

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

Date of Event/Field Trip _____ Type of Field Trip _____

Destination _____ Need to Bring Bag Lunch? _____

Teacher(s)/Individual(s) in Charge _____ Student IN / OUT of Uniform _____

Estimated Time of Departure _____ Estimated Time of Return _____

Mode of Transportation To & From Event _____ Student Cost (if applicable) _____

TO BE FILLED OUT BY PARENT/GUARDIAN:

Student Name _____ Grade _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Business Phone _____ Cell Phone _____

I, _____ grant permission for _____
(Parent/Guardian) (Student)

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 and Minneapolis from any claims or law suits brought against the parish/school/Archdiocese of St. Paul and 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 the Archdiocese 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

(Name)

(Phone Number)

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present _____

Other Medical Conditions _____

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)

