

FIELD TRIP

PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Participant's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Date/type of event \_\_\_\_\_

Destination \_\_\_\_\_

Individual (s) in charge Cindy Windau, Youth Ministries

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)