

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

For Day Trips

Student/Participant Name _____
Date of Birth _____ Sex _____
Parent/Guardian Name _____
Home Address _____
Home Phone _____ Business Phone _____
Parish/School _____
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 _____
Student Cost (if applicable) _____

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 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 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 _____
Allergies _____
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.
