



22120 Denmark Ave.
Farmington, MN 55024
651-463-3360

FIELD TRIP Parental/Guardian Consent Form and Indemnity Agreement

Participant's Name: _____
Birth Date: _____ Sex: _____
Parent/Guardian's Name: _____
Home Address: _____
Home Phone: _____ Business Phone: _____

- Date/Type of Event:**
- Destination:**
- Individual(s) in Charge:**
- Estimated time of departure and return:**
- Mode of transportation to & from event**
- Student cost if applicable:**

_____, 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.

I also agree to allow photographs and/or video of my child to be taken. I understand these photos will be used only for promotional purposes and my child's name will never appear in connection with the photo.

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 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: _____
Family Health Plan carrier number: _____
Family Doctor: _____ Phone: _____

As parent or guardian, I agree to all of the above stated considerations and conditions.

(Signature) (Date)