

Church of St. Genevieve Field Trip

Parental/Guardian Consent Form and Indemnity Agreement

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

I, _____, grant permission for _____
Parent or guardian's signature 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 Archdioceses of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/Archdioceses 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 Archdioceses in defense of such a claim/law suit.

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 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 name and plan number: _____
Family Clinic/Doctor name and phone number: _____

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

Signature Date