

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

Student/Participant Name \_\_\_\_\_

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

Parent/Guardian Name \_\_\_\_\_

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

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

Date of Event/Field Trip August 5<sup>th</sup> 2010 Type of Field Trip Valleyfair

Destination Valleyfair

Individual(s)/Teacher(s) in Charge Doug Hennen and Janine Ricker

Estimated Time of Departure 9:30 a.m. Return Around 8:00 p.m.

Mode of Transportation To & From Event Bus

Student Cost (if applicable) 30.00

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.

\_\_\_\_\_  
Signature Date