

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 Thursdays from June 17th through August 5th

Type of Field Trip Summer Stretch Shirt Size _____

Destination Please see attached form for Morning and Afternoon Activities

Individual(s)/Teacher(s) in Charge Doug Hennen

Estimated Time of Departure 9:00 a.m. Return 5:00 p.m.

Mode of Transportation To & From Event Car and Bus

Student Cost (if applicable) \$115 and a \$60.00 deposit

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 **Epiphany Church & School** and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against the **Epiphany Church & 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 _____