



**Community of Saints Extended Day
Field Trip Parental Consent Form & Indemnity Agreement**

Student/Participant's Name: _____ Sex: _____

Date of Birth: _____ Age: _____ Grade: _____

Parent/Guardian Name(s): _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____ Work Phone: _____

Date of Event/Field Trip: _____ Type of Field Trip: _____

Destination: _____

Individuals/Teachers in Charge: _____

Estimated Time of Departure _____ Return: _____

Mode of Transportation to Event/Field Trip: _____

Student Cost: _____

I, _____, grant permission for _____ to participate
Parent/Guardian Name Child's Name

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 Community of Saints Regional Catholic School and Extended Day Program as well as the Archdiocese of St. Paul & Minneapolis by myself, my child, or others, that arise 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 case of any 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 an emergency, if you are unable to reach me at the above numbers, I give you permission to contact the following:

Name Phone Number

ADDITIONAL MEDICAL INFORMATION:

Allergies: _____ Medications my child is taking: _____

Other medical conditions: _____

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

Signature

Date