

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

Date of Event/Field Trip September 25, 2009 Type of Field Trip Educational /Social  
Destination Duluth

Teacher(s)/Individual(s) in Charge JH Teachers

Estimated Time of Departure 6AM (Be here 5:45am) Estimated Time of Return 9PM

Mode of Transportation To & From Event Bus Student Cost (if applicable) \$27

**TO BE FILLED OUT BY PARENT/GUARDIAN:**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

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

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

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

I, \_\_\_\_\_ grant permission for \_\_\_\_\_  
(Parent/Guardian) (Student)

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 an the Archdiocese of St. Paul and Minneapolis from any claims or law suits brought against the parish/school/Archdiocese of St. Paul and 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 \_\_\_\_\_

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)