

FIELD TRIP PARENTAL CONSENT FORM, INDEMNITY AGREEMENT

EVENT DETAILS

Destination of Event/Field Trip FNL / Charge to Serve Event

Date of Event/Field Trip Feb. 28th 2020

Individual(s) in Charge <u>Andrew Wagenbach</u> Grades Participating <u>5-8th Grade</u>

Drop-off: 6:30pm Pick-up: 9pm

*Student Cost FREE

*No student should miss this trip due to the cost. If this is a financial hardship for your family, please contact Andrew Wagenbach at <u>awagenbach@stchb.org</u> as scholarships are available.

Forms due back by the night of the event.

FAMILY INFORMATION

Student/Participant		Grade
Parent/Guardian Name		
Best Phone #s During This Event:	Email	

I, ______, grant permission for my child, ______

Parent or Guardian's Name

Student/Participant'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 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 Archdiocese 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	Relationship	Phone	

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

SIGNATURE

DATE

OPTIONAL MEDICAL INFORMATION

Medication my child is taking at present _____

Health conditions my child has _____

**If you have specific health concerns about your child, please speak to Andrew