

FIELD TRIP
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT
For Day Trips

Student/Participant Name _____

Date of Birth _____ Sex _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Business Phone _____

Parish/School _____

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

Destination _____

Individual(s)/Teacher(s) in Charge _____

Estimated Time of Departure _____ Return _____

Mode of Transportation To & From Event _____

Student Cost (if applicable) _____

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 _____

CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing

Name of Parish/School

In this event sponsored by _____

Name of Parish/School

On _____

Date of Event

Please read and sign.

I, _____, WILL:
Printed Name of Youth Participant

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure time.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance

I agree that if any of these terms are violated, the Parish/School can send the participant home at the participant/guardian's expense.

Youth Participant Signature

Date

Parent/Guardian Signature

Date

Please return to: _____

No later than: _____

The Parish/School sponsoring this activity is responsible for receiving an authorized form for each participant under the age of 18, if deemed necessary for overnight events or other activities requiring responsible behavior.