

FIELD TRIP PARENTAL CONSENT FORM AND INDEMNITY AGREEMENT

Student/Participant Name _____

Birth Date _____

Student/Participant Name _____

Birth Date _____

Student/Participant Name _____

Birth Date _____

Student/Participant Name _____

Birth Date _____

Parent/Guardian Name _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____

Dates and Locations of field trips are listed on the back side of this permission. Buses will be used for field trips. All field trips are planned at no additional expense to the student. The classroom teacher is responsible for the supervision of students.

I, _____, grant permission for _____
Parent or Guardian Name Child(ren) Name(s)

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 Diocese of New Ulm from any claims or law suits brought against the parish/school/ Diocese of New Ulm 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 Diocese 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 unable to reach me at the above numbers, contact

_____ Phone _____

OPTIONAL MEDICAL INFORMATION: Medications my child is taking at present

Family Health Plan Number _____ Family Doctor _____ Phone

Number _____

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

Date

Signature

