

# All Saints Catholic Church

19795 Holyoke Avenue, Lakeville, MN 55044 | 952-469-4481

## Parental/Guardian Field Trip Consent Form and Indemnity Agreement

### PARTICIPANT INFORMATION

Last Name	First Name	T-Shirt Size (adult sizes)
Street Address	City	Zip Code
Home Phone	Alternate Phone	
Birth Date	Grade	Parent/Guardian's Name(s)

### EVENT INFORMATION: If generic form please complete Name/Description, Date, and Time for event.)

Name/Description of Event:	Date:
Location:	Time:
Individual(s) in Charge:	Cost:
	Transportation:

### PERMISSION AND INDEMNITY AGREEMENT

I, \_\_\_\_\_ grant permission for \_\_\_\_\_  
Parent or Guardian's Name 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 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/lawsuit. By submitting this form participants agree to All Saints Code of Behavior.

### MEDICAL INFORMATION

**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 of hospital. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

\_\_\_\_\_  
Name of Emergency Contact Phone Number

#### ADDITIONAL MEDICAL INFORMATION:

Medication my child is taking at present: \_\_\_\_\_

Family Health Plan Carrier Number: \_\_\_\_\_

Family Clinic/Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

\_\_\_\_\_  
Signature Date

Parent Initials I **DO NOT** give permission for my child to be **photographed** as part of this activity, for use in newsletters, bulletin boards, slide shows and future promotion of events.

\_\_\_\_\_  
I am an adult interested in helping (name) \_\_\_\_\_  
Email address: \_\_\_\_\_

<b>For Office Use Only</b>	
Date Received _____	Received By _____
Amount Paid _____	Payment Method _____