

**St. John the Baptist Catholic Church and School**  
**Parental/Guardian Consent Form and Indemnity Agreement**

**Participant/s' Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Sex:**  **Male**  **Female**

**Parent/Guardian's Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

Please print clearly

**Date/Type of Event:**

**Destination:**

**Individuals in Charge:**

**Estimated Time of Departure and Return:**

**Mode of Transportation to and from event:**

**Student Cost if Applicable:**

**Special Needs for Event:**

I, \_\_\_\_\_, grant permission for my child, \_\_\_\_\_,  
(Parent or Guardian's Name) (Child/ren's Name)

to participate in the above-named activity and I warrant that my child is in good health. In consideration of my child/ren's participation, I agree to indemnify St. John the Baptist Catholic Church and or School and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against St. John the Baptist Catholic Church and/or School and the Archdiocese of St. Paul/Minneapolis by myself, my child/ren or others, that arises out of any behavior by my child/ren at the event/activity described above. I also agree to pay reasonable attorney's fees or expenses incurred by St. John the Baptist Catholic Church and/or School and the Archdiocese in defense of such a claim/law suit.

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child/ren to a hospital for emergency medical treatment. I wish to be advised prior to an 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:** \_\_\_\_\_  
(Name) (Phone)

**Optional Medical Information:**

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

Family Health Plan carrier number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I \_\_\_\_\_ (PLEASE PRINT NAME) can Chaperone

I have fulfilled requirements (background check & VIRTUS training) of the U.S. Bishops Charter to Protect & Archdiocesan Risk Management Guidelines

**PLEASE NOTE: IF PARENT/PARTICIPANT RATIOS ARE NOT MET IN ACCORDANCE WITH ARCHDIOCESAN PCYI GUIDELINES, THIS EVENT WILL BE CANCELLED.**

Rev. 09/2011