

St. John the Baptist Catholic Church/School

Field Trip
Parental/Guardian Consent Form and Indemnity Agreement

Participant's Name: _____ Sex: Male Female
Birth Date: _____ E-Mail: _____
Parent/Guardian's Name: _____ Grade _____
Home Address: _____ City: _____
Home Phone: _____ Business Phone: _____
Cell Phone: _____

Date/Type of Event: **LOAVES & FISHES, TOO ~ CIRCLE DATE BELOW:**

Thursdays – Oct. 1; Nov. 5; Dec. 3; Jan. 7; Feb. 4; March 4; April 1

Destination: **St. Stephen's Catholic Church – Minneapolis, MN**

Individual(s) In Charge: **Andi Little/Lori Taormina**

Estimated time of departure and return: **4:15 p.m. – 7:00 p.m.**

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

Student Cost if applicable: **None**

Special needs for event: **Meet in the Atrium**

I, _____, grant permission for my child, _____,
(Parent or Guardian's Name) (Child'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 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 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 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 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:

(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 considerations and conditions.

Signature: _____ Date: _____

I can Chaperone/Drive _____ phone _____

I have completed St. John's background paperwork & completed VIRTUS Training. (If not, there are packets available in the Education office).