

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: **Friday, Oct. 30, 2009 Trick-or-Treat for the Food Shelves**

Destination: **St. John's neighborhoods**

Individual(s) In Charge: **Andi Little**

Estimated time of departure and return: **7 to 9 p.m.**

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

Student Cost if applicable: **no fee**

Special needs for event: **Costumes optional; grocery bags**

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).