

St. John the Baptist Catholic Church and School

Field Trip

Parental/Guardian Consent Form and Indemnity Agreement

Participant/s' Name: _____

Birth Date: _____ **Grade:** _____ **Gender:** **Male** **Female**

Parent/Guardian's Name: _____

Home Address: _____ **City:** _____

Home Phone: _____ **Mobile Phone:** _____

Business Phone: _____ **E-MAIL** _____

Date/Type of Event: ___ **Steubenville North HS Youth Conference** _____

Destination: ___ **Rochester, MN** _____

Individuals in Charge: ___ **Lori Taormina** _____

Estimated Time of Departure and Return: ___ **TBA** _____

Mode of Transportation to and from event: ___ **CAR POOL** _____

Student Cost if Applicable: ___ **\$140 deposit at time of registration** _____

Special Needs for Event: ___ **TBA** _____

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 and/or Drive**
- I have completed St. John's Background paperwork. (If not, there are packets available in the Education Office)

Please note that if appropriate chaperone to youth participant ratios are not met, the event will be cancelled.