

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

Participant/s' Name: _____

Birth Date: _____ **Sex:** **Male** **Female**

Parent/Guardian's Name: _____

Home Address: _____ **City:** _____

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

E-Mail Address: _____ **Other Phone:** _____

Date/Type of Event: RE 2009-2010 Year; Walking from M.W. Savage Elementary

Destination: St. John the Baptist Catholic Church

Individuals in Charge: Andi Little, Director of Faith Formation

Estimated Time of Departure and Return: Pick up at end of school day to 4:10 pm

Mode of Transportation to and from event: Walkign

Student Cost if Applicable: None

Special Needs for Event: Appropriate clothing for walking outside

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 our 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 would be interested in helping as a sub if needed.
- I have completed St. John's Background paperwork. (If not, there are packets available in the Education Office)