

ST. FRANCIS XAVIER SCHOOL

FIELD TRIP PERMISSION FORM

(Parental/Guardian Consent Form and Indemnity Agreement)

Participant's Name: _____

Birth Date: _____ Sex: _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

Date/Type of Event: _____

Destination: _____

Individual(s) in Charge: _____

Estimated Departure and Return Times: _____

Student Cost (if applicable): _____

I, _____, grant permission for _____
(Parent/Guardian Name) (Student 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 the parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits brought against the parish/school/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 the parish/school and Archdiocese in defense of such a claim/lawsuit.

EMERGENCY MEDICAL TREATMENT:

In the event of an emergency, I 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:

_____ at _____
(Name) (Phone #)

MEDICAL INFORMATION:

My Child's Current Medication: _____

Family Health Plan Name: _____ ID Number: _____

My Child's Doctor: _____ Phone #: _____

As parent/guardian, I agree to all of the above stated considerations and conditions.

Signature: _____ Date: _____

