

# DIVINE MERCY CATHOLIC SCHOOL



## STUDENT FIELD TRIP

### PARENT/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Date/type of event: \_\_\_\_\_

Destination: \_\_\_\_\_

Individual(s) in Charge: \_\_\_\_\_

Estimated time of departure and return: \_\_\_\_\_

Mode of transportation to & from event: \_\_\_\_\_

Student cost if applicable: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for \_\_\_\_\_  
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 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/law suit.

**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:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

## OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present: \_\_\_\_\_

Family Health Plan carrier number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

