

FIELD TRIP PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

For Day Trips

Student/Participant's name: _____

Date of birth: _____ Gender: _____

Parent/Guardian's name: _____

Home address: _____

Best phone numbers to reach you during this event: _____, _____

A brief description of the activity follows:

Type of event: Stem Club Date of event: Feb 21, Mar 28, Apr 18, and May 9

Destination of event: School Grades Participating 5,6,7 & 8

Individual in charge: Jeff York Start time: 9:00 AM

End time: Noon Mode of transportation to & from event: Parent transport

*Student Cost (if applicable): \$40 **DON'T SEND PAYMENT – This will be billed through your TADS account**

*No student should miss this field trip due to cost. If this is a financial hardship for your family, please contact Danny Kieffer at stchbs@stchbs.org

I, _____ grant permission for my child, _____,

Printed Parent or guardian's name

Printed Child's name

to participate in this parish/school event at the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from St. Charles Borromeo School.

I understand and agree that as parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("student/participant"). Further, I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Charles Borromeo School its officers, directors, employees and agents, and the Archdiocese of Saint Paul and Minneapolis, its employees and agents, chaperones, or representatives associated with the event and activities (hereinafter "Releasees"), from any claim, including but not limited to all claims relating to communicable disease, arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Releasees for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Releasees.

Signature: _____ Date: _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____ Phone: _____

Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence.

Medications: My child is taking medication at present. My child will bring all such medications necessary and such medications will be well-labeled.

Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations - Date of last tetanus/diphtheria immunization: _____

You should be aware of these special medical conditions of my child: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature: _____ Date: _____