

Blessed Trinity Catholic School
Field Trip
Parental/ Guardian Consent Form and Indemnity Agreement

Participant's Name: _____ Date of Birth: _____ Sex: _____
Parent/Guardian's Name: _____
Home Address: _____
Home Phone: _____ Business Phone: _____

Date of Event: _____ Type of Event: _____
Destination: _____
Individual(s) in Charge: _____
Estimated Time of Departure and Return: _____
Mode of Transportation To and From Event: _____
Students Should Bring Along: _____
Does Parent Wish to Chaperone? Yes.(If Yes, how many?) _____
 Not available this time.
 Call me only if needed.

***Your child's teacher will call to confirm that you are needed as a chaperone. All chaperones will need background checks. Call the school office if you have not completed a Volunteer Release Statement. Thank you.**

Student Cost if: _____ Chaperone cost: . _____
This Permission slip (and money, if any) Due by: _____

I, _____, grant permission for _____
(Parent or Guardian) (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 Saint Paul/Minneapolis from any claims or lawsuits brought against the parish/school/Archdiocese of Saint 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 doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

_____, _____.
(Name) (Phone Number)

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present: _____
Family Health Plan carrier number: _____
Family Doctor: _____ Phone Number: _____

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

(Signature) (Date)

Por favor llenar la hoja del permiso y devolverla a la escuela con el dinero para ir en el viaje. Gracias.