Our Lady Grace Catholic School
Field Trip Permission

Parental/Guardian Consent Form and Indemnity Agreement

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

Field Trip Date: _____ Type of Event: _____

Destination: _____

Individual (s) in charge: _____

Estimated Time of Departure: _____ Estimated Time of Return: _____

Mode of Transportation to & from the Event: _____

Student Cost (if applicable): $_____

I, _____, grant permission for _____
(Parent/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/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 number contact:
Name: _____ Phone: _____

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: _____