

**FIELD TRIP
PARENTS CONSENT FORM & INDEMNITY AGREEMENT**

Movie Night

Student/Participant Name: _____

Date of Birth: _____ Gender: _____

Parent/Guardian Name: _____

Home Address: _____

Home/Cell Phone: _____

Parish/School:	Holy Spirit
Date of Event/Field Trip:	January 18, 2019
Individual(s)/Teacher(s) in Charge:	Volunteer Parents
Start Time: 6:00 p.m.	End Time: 8:00 p.m.
Mode of Transportation To & From Event:	Parent Provided

I, _____ grant permission for _____
Parent/Guardian Name Child 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 Holy Spirit Catholic Church and the Archdiocese of Saint Paul and Minneapolis from any claims or lawsuits brought against the Holy Spirit Catholic Church/Archdiocese of Saint Paul and 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 the Archdiocese in defense of such a claim/suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are able to reach me at the above numbers, contact:

MEDICAL INFORMATION:

Medication my child is taking at present: _____

Allergies: _____

Other Medical Conditions: _____

Family Health Plan carrier number: _____

Family Doctor: _____ Phone: _____

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

Signature Date