

# St. Andrew Catholic School FIELD TRIP PERMISSION SLIP

## PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Date/Type of event: \_\_\_\_\_ Cost: \_\_\_\_\_  
Destination: \_\_\_\_\_  
Individual(s) in Charge: \_\_\_\_\_  
Time Program Begins: \_\_\_\_\_ Time Program Ends: \_\_\_\_\_  
Departure Time from School: \_\_\_\_\_ Arrival Time at School: \_\_\_\_\_  
Mode of transportation to & from event: \_\_\_\_\_  
Student Dress Code: \_\_\_\_\_

I, \_\_\_\_\_, grant permission for \_\_\_\_\_ to participate in the above  
(Parent or guardian's name) (Child's name)  
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 Diocese of St. Cloud from any claim or law suits brought against the parish/school/Diocese of St. Cloud by myself, my child or others, that arise 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 Diocese 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 of Contact 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.

\_\_\_\_\_  
Parent/Guardian Signature Date

----- clip and save bottom portion -----

Date/Type of event: \_\_\_\_\_ Cost: \_\_\_\_\_  
Destination: \_\_\_\_\_  
Individual(s) in Charge: \_\_\_\_\_  
Time Program Begins: \_\_\_\_\_ Time Program Ends: \_\_\_\_\_  
Departure Time from School: \_\_\_\_\_ Arrival Time at School: \_\_\_\_\_  
Mode of transportation to & from event: \_\_\_\_\_  
Student Dress Code: \_\_\_\_\_

**Please return top portion to school ASAP or by \*\*\*\*\*.**