

FIELD TRIP
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT
For Day Trips

Student/Participant's name: _____
Date of birth: _____ Gender: _____
Parent/Guardian's name: _____
Home address: _____
Home phone: _____ Business phone: _____

A brief description of the activity follows:

Type of event: Holy Redeemer Catholic Church/School – Summer Youth Program
Date of event: June 5, 12, 19, 26; July 10, 31; and August 7, 2024
Destination of event: Various locations in Marshall Student Cost: \$0
Individual in charge: Becki Johnson and Assistant DRE Estimated time of departure: 2:00 pm
Estimated time of return: 4:00 pm Mode of transportation to & from event: Walking

I, _____ grant permission for my child, _____,
Printed Parent or guardian's name Printed Child's name

to participate in the above activity. 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 the Church of the Holy Redeemer, its officers, directors, employees and agents, and the Diocese of New Ulm, 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.): _____

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: _____