

**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 Pool Party** Date of event: **Tuesday, July 9<sup>th</sup>, 2024**  
Destination of event: **Marshall Aquatic Center** Student Cost: **\$0.00**  
Individual in charge: **Becki Johnson** Estimated time of departure: **6:30 p.m.**  
Estimated time of return: **8:30 p.m.** Mode of transportation to & from event: **Transportation to and from the Marshall Aquatic Center must be provided by the family and is not organized by Holy Redeemer's Faith Formation Program.**

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_,  
Printed Parent or guardian's name Printed Child's name  
to participate in this parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from **The Church of the Holy Redeemer.**

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.): \_\_\_\_\_

Immunizations - Date of last tetanus/diphtheria immunization: \_\_\_\_\_

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: \_\_\_\_\_