

CHURCH OF ST. STANISLAUS
398 Superior Street
St. Paul, MN 55102

FIELD TRIP PERMISSION SLIP

Participant's Name: _____

Birth Date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home Phone: _____ Cell phone: _____

Date/Type of event: _____

Destination: _____

Individual(s) in Charge: _____

Estimated time of departure and return: _____

Mode of transportation to and from event: _____

Student cost if applicable: _____

I, _____, grant permission for _____

(Parent or 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 and the Archdiocese of St. Paul/ Minneapolis from any claims or law suits brought against the parish/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 and Archdiocese 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) (Phone number)

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present: _____

Allergies/health condition: _____

Family Health Plan carrier number: _____

Family Doctor: _____ Phone number: _____

As a parent or guardian, I agree to all the above stated consideration and conditions.

(Signature) (Date)