

FIELD TRIP
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT
For Overnight/Week Long Trips

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

A brief description of the activity follows:

Type of event: EFC Date of event: July 21-16
Note: **July 21st the adults and high school assistants arrive. On July 22 the middle school kids arrive**
Destination of event: Trinity Camp and Retreat Center, N10884 Hoinville Road, Trego, WI 54888
Student Cost: **\$525** Student T-Shirt size: N/A
Individual in charge: Larry Thomas Estimated time of departure: July 21 HS youth and Adults depart at 8:30am
July 22 MS school campers depart at 7:00am
Estimated time of return: July 26 3:00pm Mode of transportation to & from event: Car Pool

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 event will take place under the guidance and direction of parish/school employees and/or volunteers from Church of St. Joseph, New Hope

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 St. Joseph New Hope, its officers, directors, employees and agents, and the Archdiocese of Saint Paul and Minneapolis, 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 and is not related to communicable disease (see communicable disease release, hold harmless and indemnification agreement below).

Communicable Disease Release, Hold Harmless & Indemnification Agreement: I agree to hold Releasees harmless, release, defend, and indemnify Releasees for any communicable disease claim arising out of the above Event that is brought against Releasees by myself, participant, my family members, heirs, assigns, executors, and personal representatives. I understand and agree this communicable disease release, hold harmless, and indemnification agreement includes claims based on the actions, omissions, or negligence of participant, myself, and others, including, but not limited to the 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: _____