



Saint John School of Little Canada

2621 McMenemy Street ~ Little Canada, MN 55117
651-484-3038 ~ Fax: 651-481-1355
saintjohnschool@soflc.org ~ website: sjolc.org

FIELD TRIP PARENTAL CONSENT FORM & INDEMNITY AGREEMENT FOR DAY TRIPS

Student Name _____ Date of Birth _____ Gender _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Date of Field Trip _____ Destination _____

Teacher(s)/Individual(s) in Charge _____

Estimated Time of Departure _____ Estimated Time of Return _____

Mode of Transportation To & From Event _____

Student Cost \$ _____ (you will be billed through TADS) _____ Chaperones are **NOT** needed

Chaperone Cost \$ _____ Chaperones **ARE** needed _____ I am able to chaperone

I, _____ grant permission for _____ to participate

Parent/Guardian Name

Child Name

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/school and the Archdiocese of St. Paul/Mpls. from any claims or law suits brought against the parish/school/Archdiocese of St. Paul/Mpls. by myself, my child or other, that arises out of any behavior by my child at the event/activity above. I also agree to pay attorney's fees or expenses incurred by the parish/school and the Archdiocese in defense of such a claim/suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

Name _____ Phone _____

OPTIONAL MEDICAL INFORMATION: Medication my child is taking at present _____

Allergies _____

Other Medical Conditions _____

Family Health Plan Carrier Number _____

Family Doctor _____ Phone Number _____

As parent/guardian, I agree to all the above stated considerations and conditions.

Signature _____ Date _____