

**PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT FOR SCHOOL-SPONSORED FIELD TRIP**

**CURRICULUM AREA:**  
**DESTINATION:**  
**DESIGNATED SUPERVISORS OF ACTIVITY:**  
**DATE AND TIME OF DEPARTURE:**  
**ANTICIPATED RETURN:**  
**METHOD OF TRANSPORTATION:**  
**STUDENT COST OF TOUR AND BUS:**  
**DRESS CODE:**

Please return the bottom portion of this form to school, keeping the top portion at home for your information.

-----  
Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Wk Phone \_\_\_\_\_

I grant permission for my child, \_\_\_\_\_, to participate in this school activity at Feed My Starving Children that requires transportation away from the school site. This activity will take place under the Guidance and direction of school employees and/or volunteers from St. Pascal's School.

In consideration of my child's participation, I agree to indemnify the parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/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/school and Archdiocese in defense of such a claim/law suit.

Emergency Medical Treatment: I warrant that my child is in good health. In case of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name and relationship \_\_\_\_\_ Phone \_\_\_\_\_

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

Optional Medical Information:

Medication my child is taking at present: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Family Health Plan Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

-----  
We could use chaperones. If you would like to volunteer, please read and sign the following: We will contact you.

I, \_\_\_\_\_, would like to volunteer as a chaperone and help oversee the children on the bus and at the field trip destination. **\*\*\*All volunteers must have a background check, Virtus training and a signed Code of Conduct on file with the school office.\*\*\***

PLEASE RETURN THIS FORM AND MONEY BY  
MAKE CHECKS PAYABLE TO ST. PASCAL'S SCHOOL.  
IF FINANCES ARE A CONCERN, PLEASE CONTACT THE HOMEROOM TEACHER.