

PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Student/Participant Name _____

Date of Birth _____ Gender _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Business Phone _____

Parish/School Holy Trinity

Date of Event/Field Trip Saturday, December 3, 2022 Type of Field Trip Winsted Winter Parade

Destination Meet by the Blue Note Parking Lot

Individual(s)/Teacher(s) in Charge Mrs. Marquette

Estimated Time of Departure 6:30 PM Return 7:00 PM

Mode of Transportation To & From Event N/A

Student Cost (if applicable) N/A

I, _____, grant permission for _____

Parent or Guardian Name

Child 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 Holy Trinity School and the Diocese of New Ulm from any claims or law suits brought against the Holy Trinity School /Diocese of New Ulm 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 the Diocese 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 Number

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 or Guardian, I agree to all of the above stated considerations and conditions.

Signature

Date