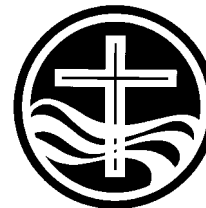


DIVINE MERCY CATHOLIC SCHOOL



2016-2017 WALKING FIELD TRIP FOR STUDENTS

**STUDENT FIELD TRIP
PARENT/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT**

Participant's Name: _____
Birth Date: _____ Sex: _____
Parent/Guardian's Name: _____
Home Address: _____
Home Phone: _____ Business Phone: _____

Date/type of event: Walking Field Trip (dates and times to be determined by teacher)
Destination: Location within walking distance from school
Individual(s) in Charge: Classroom teacher
Estimated time of departure and return: _____
Mode of transportation to & from event: Walking
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/school and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits 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: 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

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present: _____
Family Health Plan carrier number: _____
Family Doctor: _____ Phone Number: _____

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

Signature Date

