

**Good Shepherd School  
FIELD TRIP PERMISSION SLIP**

**PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT**

Participant's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Date/Type of event: **Wednesday, April 14, 2010 – Mill City Museum**

Destination: **Minneapolis, MN**

Individual(s) in Charge: **Mrs. Ruehle and Mrs. Suchla**

Time Program Begins: **9:45 a.m.**

Time Program Ends: **1:00 p.m.**

Departure Time from School: **9:15 a.m.**

Arrival Time at School : **1:30 p.m.**

Mode of transportation to & from event: **bus**

Student Dress Code: **Uniforms are required**

**\*\*Special Note: Student must bring a bag lunch or purchase one through the school lunch program. See order form attached.**

I, \_\_\_\_\_, grant permission for \_\_\_\_\_ to  
(Parent or guardian's name) (Child's name)

participate in the above 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 claim or law suits brought against the parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arise 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 of Contact

\_\_\_\_\_  
Phone Number

**OPTIONAL MEDICAL INFORMATION:**

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

Family Health Plan carrier number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone number: \_\_\_\_\_

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

----- clip and save bottom portion-----

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**Please return top portion to school ASAP or by Friday, March 26th.**