

# 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: **Thursday, April 22, 2010 - Forest Treasures**  
Destination: **Westwood Nature Center, St. Louis Park**  
Individual(s) in Charge: **Mrs. Stewart and Mrs. Steffensmeier**  
Time Program Begins: **8:45** Time Program Ends: **10:15**  
Departure Time from School: **8:30** Arrival Time at School: **10:30**  
Mode of transportation to & from event: **bus**  
Student Dress Code: **No Uniforms - Dress according to weather and activity**

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.**