

PERMISSION SLIP is due by FRIDAY, MARCH 7TH

The Church of Saints Peter and Paul

FIELD TRIP PERMISSION SLIP for those in 9th & 10th grade Confirmation Program
PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Date/Event: Sun. April 6, 2008 / Jewish Seder Dinner
Destination: Temple Israel, Minneapolis
Person in charge: Allie Spaulding, Director of R.E.
Estimated time of departure/return: 12:00 noon / 4:45pm
Mode of transportation to and from event: Parent Carpool
Student cost: None

**A minimum of 3
or 4 youth must
sign up for this
event to happen.**

Participant's Name: _____

Birth Date: _____ Sex: _____ E-mail Address: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

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 number)

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present: _____

Insurance company: _____ Group Number: _____

Family Doctor: _____ Phone number: _____

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. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Sts. Peter and Paul Academy/Parish, its officers, directors, employees and agents, and the Arch/Diocese of St. Paul/Minneapolis, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Arch/Diocese of St. Paul/Minneapolis, its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

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

(Signature) (Date)

____ **Yes! I am able to drive for this event. I am able to take _____ passengers in my vehicle**