

# Parental Consent Form and Indemnity Agreement for Saint Joseph's Parish

Participant's Name \_\_\_\_\_

Birth Date \_\_\_\_\_ Parent/Guardian's Name \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone we can reach you during event: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Parent Driving? \_\_\_\_\_ \*Please fill out driver waiver if yes      How many seats available in car? \_\_\_\_\_

Date/Type of Event: \_\_\_\_\_ Destination: \_\_\_\_\_

Individual In Charge: \_\_\_\_\_

Estimated Time of Departure/Place: \_\_\_\_\_ Estimated Time of Return/Place: \_\_\_\_\_

Mode of Transportation to and from Event: \_\_\_\_\_

I \_\_\_\_\_, grant permission for \_\_\_\_\_ (Parent or Guardian's  
Signature) (Child's Name)  
to 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 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 number, contact: \_\_\_\_\_ at \_\_\_\_\_  
(Name) (Phone Number)

**OPTIONAL MEDICAL INFORMATION:** Allergies, Medical or other concerns:

\_\_\_\_\_

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

\_\_\_\_\_

Name of Insurance Provider & Policy Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_