

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: _____