



# ST. PIUS V

*Engaged in our Catholic Tradition*

Cannon Falls, MN

## FIELD TRIP PARENTAL CONSENT FORM & INDEMNITY AGREEMENT *For Day Trips*

Student/Participant's name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
Parent/Guardian's name: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

A brief description of the activity follows:

Type of event: Fields of Faith Date of event: Wednesday, October 13, 2021  
Destination of event: John Burch Park Cannon Falls Student Cost: 0  
Individual in charge: Cindy Meyers, Mary Waldschmidt Estimated time of departure: \_\_\_\_\_7:15pm  
return:8:30pm\_\_\_\_\_ Mode of transportation to & from event: walking from church to park and back to church (Grades 6-10)

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_,  
Printed Parent or guardian's name Printed Child's name

to participate in this parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from St. Pius V.

I understand and agree that as parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("student/participant"). Further, I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Pius V, its officers, directors, employees and agents, and the Archdiocese of Saint Paul and Minneapolis, its employees and agents, chaperones, or representatives associated with the event and activities (hereinafter "Releasees"), from any claim, including but not limited to all claims relating to communicable disease, 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 Releasees 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 Releasees.

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

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Specific Medical Information:** The parish/school will take reasonable care to see that the following information will be held in confidence.

**Medications:** My child is taking medication at present. My child will bring all such medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: \_\_\_\_\_

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations - Date of last tetanus/diphtheria immunization: \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**AUTHORIZATION, CONSENT AND RELEASE & FOR SOCIAL MEDIA OR OTHER ELECTRONIC COMMUNICATIONS INVOLVING A MINOR**

I authorize and consent that St. Pius V, Cannon Falls and the Archdiocese of Saint Paul and Minneapolis be permitted to use and publish for general communications, advertising, commercial or publicity purposes, the likeness of My Child and My Child's original work or for any other lawful purpose whatsoever, including video, photographic portraits, pictures, reproductions, made through any medium, including social or other electronic media, in accordance with the Acceptable Use Policy for Electronic Communications and the Social Media Policy, **provided only the first name (not the family name) is identified if any name is used.** I hereby release St. Pius V, Cannon Falls, the Archdiocese of Saint Paul and Minneapolis, or anyone authorized by St. Pius V, Cannon Falls or Archdiocese of Saint Paul and Minneapolis with such use.

This consent regarding My Child's likeness or original work is valid for one year.

If I choose to rescind my authorization and consent, I agree that I will inform St. Pius V, Cannon Falls in writing and that my rescission will not take effect until it is received by St. Pius V, Cannon Falls. I understand however that it may not be possible to recall any work or photos that have been published prior to receipt of my written rescission.

I acknowledge that to review or receive public communications shared via social media with My Child, I would need to become a fan or follower of the same social media. I understand that communications may be accessible or viewable by others who are also fans or followers of the same social media.

I have read this **disclosure, authorization, consent and release**, have had the opportunity to consider its terms, and understand it. I execute it voluntarily and with knowledge of its significance.

Parent/Guardian Name (please print): \_\_\_\_\_

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

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

Phone number: \_\_\_\_\_

**As Parent or Guardian, I agree to all of the above stated considerations and conditions (PAGE 1 & THIS PAGE 2).**

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

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