

Church of Saint Paul
Parent Permission Form - For Off-Site Day Trips
Parental Guardian Consent Form and Indemnity Agreement

Participant's Name _____ Birth Date _____ Grade _____
 Gender _____ Parent/Guardian Name _____
 Home Phone _____ Cell Phone _____ Email _____
 Home Address _____
 Phone Number to be used in case of Emergency _____
 Date of Event _____ Type of Trip _____ Destination _____
 Mode of Transportation _____ Estimated time of Departure _____ Return _____
 Individual(s) in charge _____ Cost _____

I, _____ grant permission for my child, _____ to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the Church of Saint Paul and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits brought against the Church of Saint Paul/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 Church of Saint Paul and the Archdiocese in defense of such a claim/law suit.

By virtue of being part of this event, your child or teen will likely be photographed and on occasion filmed. Church of Saint Paul may use these photos/videos as part of our in-house promotion and advertisement, which includes the possible use of these photos/videos on our website and/or blog. If you do not want photos/videos of your child/teen posted online, please contact the Youth Office.

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event leaders. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name _____ Phone _____

Optional Health Information:

Medication my child is taking at present: _____
 Allergies (medications, foods, plants, insects, etc.): _____
 Other medical conditions or special needs (including special diet): _____
 Any physical limitations? _____
 Family Doctor _____ Phone Number _____

Optional Volunteer Information:

_____ I would like to help chaperone this event _____ I would also like to help drive with _____ # of seat belts
 I have completed VIRTUS: **Yes/No** I have a Driver's Info Form on file: **Yes/No**
 I have a Background Check on file: **Yes/No** I am 21 yrs or older: **Yes/No**

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

Signature _____ Date _____