

**Good Shepherd School
FIELD TRIP PERMISSION SLIP**

PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Participant's Name: _____ Birth Date: _____
Parent/Guardian's Name: _____
Home Address: _____
Home Phone: _____ Business Phone: _____

Date/Type of event: **Monday, March 22, 2010 - Deliver food donations to PRISM**
Destination: **PRISM facility, Golden Valley**
Individual(s) in Charge: **Miss Tri or Mrs. Halstrom**
Estimated time of departure and return: **approx. 9:00 a.m. – 9:30 a.m.**
Mode of transportation to & from event: **bus**
Student Dress Code: **Uniforms are required**

I, _____, grant permission for _____ to
(Parent or guardian's name) (Child's name)
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 from any claim or law suits brought against the parish/school/Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arise 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 numbers, contact:

Name of Contact

Phone Number

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present: _____
Family Health Plan carrier number: _____
Family Doctor: _____ Phone number: _____

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

Parent/Guardian Signature

Date

----- clip and save bottom portion-----

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Please return top portion to school ASAP, or by Friday, March 19, 2010.