



FIELD TRIP-PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Student Name _____

Date of Birth _____ Male/Female _____ Grade _____

Parent/Guardian Name _____

Home Address _____

Phone # _____

Date of Event/Field Trip: Friday, May 3, 2024

Type/Destination of Field Trip: Gardens of Winsted (nursing home)

Person(s) in Charge: Mr. Maxwell

Departure/Return Time: 9:45 - 11:30 am

Mode of Transportation: Walking

Student Cost if applicable: NA

Other Instructions: Leading the residents in the Holy Rosary and celebrating 1st Friday Holy Mass

I _____ **Parent/Guardian, grant permission for**

_____ **(child's name)**, 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 parish/school and the Diocese of New Ulm from any claims or lawsuits brought against the parish/school/Diocese of New Ulm 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 the Diocese in defense of such a claim/suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or a hospital. In the event of any emergency, if you are unable to reach me at the above numbers please contact:

Name: _____ Phone# _____

Optional Medical Information:

Health Plan Carrier Number: _____

Medication my child is presently taking _____

Family Doctor _____

As a Parent or Guardian, I agree to all the above stated considerations and conditions.

Signature _____ Date _____

Deadline for Permission Slip to be returned is Monday, April 29, 2024