

**High School Girls Small Group  
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT**

Student/Participant(s) Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Parish/School \_\_\_\_\_

Date of Event/Field Trip: 1<sup>st</sup> Saturdays Monthly

Individual(s)/Teacher(s) in Charge: Handmaids of the Heart of Jesus

Estimated Start Time: **3:00 PM** Estimated End Time: **4:00 PM**

Mode of Transportation To & From Event N/A

Student Cost (if applicable) N/A

I, \_\_\_\_\_, grant permission for \_\_\_\_\_  
Parent or Guardian Name Child(ren) 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 law suits 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 of New Ulm 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 hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact \_\_\_\_\_  
Name Phone Number

**OPTIONAL MEDICAL INFORMATION:**

Medication my child is taking at present \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Family Health Plan carrier number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

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

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