

**TEEN TALK
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: 2nd Sunday of each month

Individual(s)/Teacher(s) in Charge: _____ Pastoral Leadership _____

Estimated Start Time: **6:30 PM** Estimated End Time: **8:30 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 Holy Trinity Parish and School and the Diocese of New Ulm from any claims or law suits brought against the Holy Trinity Parish and 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 _____