



HOLY FAMILY ACADEMY

Sledding Party Grades K - 8 FIELD TRIP PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

School: HOLY FAMILY ACADEMY
Date of Field Trip: 2/13/18
Type of Field Trip: Recreation
Destination: Keystone Park
Individual(s)/Teacher(s) in Charge: Classroom Teachers
Estimated Time of Departure: 11:25 AM
Estimated Time of Return: 2:00 PM
Mode of Transportation To & From Event: walking
Student Cost: none

Please return this form by:
Friday, February 9, 2018

Emergency phone numbers where parent can be reached during the Field Trip: _____

I, _____ grant permission for _____
Parent/Guardian Name Student Name Grade

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 **HOLY FAMILY ACADEMY** and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against **HOLY FAMILY ACADEMY** /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 parish/school and the Archdiocese 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 _____

Number _____

Optional Medical Information

Medication my child is taking at present: _____

Allergies/Other Medical Condition: _____

Family Healthy Plan Carrier Number: _____

Family Doctor/Phone Number: _____

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

Signature Date