

St. Croix Catholic School  
621 S. Third Street  
Stillwater, MN. 55082  
651-439-5581

**FIELD TRIP**

**Parental/Guardian Consent Form and Indemnity Agreement**

Field Trip Subject: Physical Education MN Standard: PE Standard #6

Participant's Name \_\_\_\_\_  
Birth Date \_\_\_\_\_ Gender \_\_\_\_\_  
Parent/Guardian's Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Date of Event Tuesday Jan 31st 2012  
Destination Ayton Alps  
Individual(s) in Charge Sean Slaike  
Estimated Time of Departure 8:30 AM  
Estimated Time of Return 3:15 PM  
Mode of Transportation Bus  
Student Dress  No Uniform required  Uniform required  
Student Cost (if applicable) \$25.00  
Ratio of Adults to Students 1 to 10

I, \_\_\_\_\_, grant permission for \_\_\_\_\_  
(Parent or Guardian's Name) (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 St. Croix Catholic School and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits brought against St. Croix Catholic School or the Archdiocese by myself, my child or others, that arise out of any behavior by my child at the event or activity described above. I also agree to pay reasonable attorney fees or expenses incurred by St. Croix Catholic School and the Archdiocese in defense of such a claim/lawsuit.

**Medical Information:**

Medication my child is taking at present \_\_\_\_\_  
Family Health Plan carrier and number \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

**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 number, contact:

\_\_\_\_\_  
(Name and Telephone Number)

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

\_\_\_\_\_  
(Signature) (Date)