

FIELD TRIP
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT
For Day Trips

**FOR THE
STUDENT**

Student/Participant's name: _____
Date of birth: _____
Parent/Guardian's name: _____
Home address: _____
Phone: _____

A brief description of the activity follows:

Type of event: Extra Innings Field Trip
Date of event: **TUESDAY, JUNE 14th, 2022**
Destination of event: SKYZONE OAKDALE, MN
Student Cost: **\$15.00**
Individual in charge: BETH VITEK
Estimated time of departure: 11:00 AM
Estimated time of return: 4:00 PM
Mode of transportation to & from event: BUS

I, _____ grant permission for my child, _____,
Printed Parent or guardian's name Printed Child's name

to participate in this parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from HIGHLAND CATHOLIC SCHOOL.

I understand and agree that as parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("student/participant"). Further, I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend HIGHLAND CATHOLIC SCHOOL, its officers, directors, employees and agents, and the Archdiocese of Saint Paul and Minneapolis, its employees and agents, chaperones, or representatives associated with the event and activities (hereinafter "Releases"), from any claim, including but not limited to all claims relating to communicable disease, arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Releases for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Releases.

Signature: _____ Date: _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: _____ Phone: _____

Specific Medical Information: The parish/school will take reasonable care to see that the following information will be held in confidence.

Medications: My child is taking medication at present. My child will bring all such medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: _____

Allergic reactions (medications, foods, plants, insects, etc.): _____

You should be aware of these special medical conditions of my child: _____

Family doctor: _____ Phone: _____

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

Signature: _____ Date: _____

COMPLETE BOTH SIDES OF FORM

(OVER ⇒)

Code of Conduct

The following are a few rules that all students are expected to follow while participating and representing HIGHLAND CATHOLIC SCHOOL.

In this event sponsored by: HIGHLAND CATHOLIC SCHOOL

On: _____ (date of event)

Please Read and Sign:

I, _____, will:

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure time.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance.

I agree that if any of these terms are violated, the Parish/School can send the participant home at the participant/parent/guardian's expense.

_____	_____
<i>Youth Participant Signature</i>	<i>Date</i>
_____	_____
<i>Parent/guardian Signature</i>	<i>Date</i>

Please return to: EXTRA INNINGS STAFF

No later than: MONDAY JUNE 13TH, 2022

The Parish/School sponsoring this activity is responsible for receiving an authorized form for each participant under the age of 18, if deemed necessary for overnight events or other activities requiring responsible behavior.

COMPLETE BOTH SIDES OF FORM

(OVER →)