

FIELD TRIP PERMISSION and TRANSPORTATION/Parental Consent Form and Indemnity Agreement

E Epiphany Catholic School Summer Program, 11001 NW Hanson Blvd, Coon Rapids, MN 55433
(One Form Per Student)

Participant's Name _____ M / F DOB _____

Parent/Guardian's Name _____

Work Phone (Mother) _____ Cell Phone (Mother) _____

Work Phone (Father) _____ Cell Phone (Father) _____

Offsite Field Trips

- F-6/5 Boulevard Plaza-Splash Pad/Park/Picnic
- W-6/10 Bowlero Bowling and Arcade
- T-6/16 Conquer Ninja Warrior
- T-6/23 Circus Manduhai Performance and Splash Pad/Picnic
- TH-7/2 Anoka Aquatic Center/Picnic
- W-7/8 Science Museum
- M-7/13 SeaQuest Roseville
- W-7/22 Stages Theatre- Chitty Chitty Bang Bang
- T-7/28 Dollar Tree/Cub
- TH-7/30 Benihana Restaurant

PLEASE ARRIVE BY 8:30AM FOR ALL OFFSITE FIELD TRIPS

Onsite field trips weekly

**Field Trips are subject to change*

I, _____, grant permission for _____
(Parent or Guardian's Name) (Student's Name)

to participate in the above named activity and ride on a school bus to and from the event. 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 Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the parish/school/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 Archdiocese in defense of such a claim/law suit.

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 numbers, contact:

_____ at _____
(Authorized Person's Name) (Phone)

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present: _____

Family Doctor _____ Phone Number _____

Family Health Plan Carrier Number _____

As parent or guardian, I agree to all of the above stated considerations and conditions. Furthermore, by attending on above dates, my child has my consent to participate in all events scheduled.

(Parent/Guardian's Signature)

(Date)