

ST. HUBERT SCHOOL FIELD TRIP FORM

PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Date: _____
Type of event: _____
Educational Purpose: _____
Destination: _____
Individual(s) in charge: _____
Estimated time of departure/return: _____
Mode of transportation to & from event: _____
Cost to the student if applicable: _____

NO PEANUT BUTTER OR PEANUT PRODUCTS ARE PERMITTED ON FIELD TRIPS

Cut below and retain top portion for your records

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Participant's Name: _____

Birth Date: _____ Sex: _____ Grade: _____

Parent/Guardian's Name: _____

Home Address: _____

Home Phone: _____ Cell #: _____ Business : _____

Date of Event: _____ **Event:** _____

I, _____, grant permission for _____

(Print parent or guardian's name)

(Print child's name)

TO PARTICIPATE IN THE ABOVE-DESCRIBED EVENT and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify St. Hubert and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against St. Hubert/ 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 St. Hubert 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 emergency medical treatment. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I understand that, should a medical emergency arise, every effort will be made to contact me before such treatment is given. *Any direction to the contrary should be specified below and signed.*

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____ Phone: _____

Medical Information:

Medication my child is taking at present: _____

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)

Background Check Completed

Virtus Training Completed