

**Good Shepherd School
FIELD TRIP PERMISSION SLIP**

PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT

Participant's Name: _____ Birth Date: _____
Parent/Guardian's Name: _____
Home Address: _____
Home Phone: _____ Business Phone: _____

**Permission to walk around the GS neighborhood (no farther than 0.5 miles) during the
2020-2021 School Year**

Destination: **GS Neighborhood (0.5 miles)**
Individual(s) in Charge: **Classroom teacher (and possibly an aide)**
Date/Time of event: **Dependent upon weather
(September 1st, 2020 – June 3rd, 2021 between 8am-2:40pm)**
Mode of transportation to & from event: **Walk**
Parents will be notified at least 24 hours before a walking field trip.

I, _____ grant permission for _____ to participate in the above
(Parent or guardian's name) (Child's name)

activity and 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 claim or law suits brought against the parish/school/ Archdiocese of St. Paul/Minneapolis by myself, my child or others, that arise 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:

Name of Contact

Phone Number

OPTIONAL 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.

Parent/Guardian Signature

Date

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Please complete and return to school ASAP.