

***Church of Saint Paul***  
**Parent Permission Form - For On-Site Day Event**  
**Parental Guardian Consent Form and Indemnity Agreement**

Participant's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
Gender \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Home Address \_\_\_\_\_  
Phone Number to be used in case of Emergency \_\_\_\_\_  
Date of Event \_\_\_\_\_ Type of Trip \_\_\_\_\_ Destination \_\_\_\_\_  
Mode of Transportation \_\_\_\_\_ Estimated time of Departure \_\_\_\_\_ Return \_\_\_\_\_  
Individual(s) in charge \_\_\_\_\_ Cost \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_ 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 the Church of Saint Paul and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits brought against the Church of Saint Paul/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 Church of Saint Paul and the Archdiocese in defense of such a claim/law suit.

By virtue of being part of this event, your child or teen will likely be photographed and on occasion filmed. Church of Saint Paul may use these photos/videos as part of our in-house promotion and advertisement, which includes the possible use of these photos/videos on our website and/or blog. If you do not want photos/videos of your child/teen posted online, please contact the Youth Office.

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event leaders. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Optional Health Information:**

Medication my child is taking at present: \_\_\_\_\_  
Allergies (medications, foods, plants, insects, etc.): \_\_\_\_\_  
Other medical conditions or special needs (including special diet): \_\_\_\_\_  
Any physical limitations? \_\_\_\_\_  
Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

**Optional Volunteer Information:**

\_\_\_\_\_ I would like to help out at this event  
I have completed VIRTUS: **Yes/No**  
I have a Background Check on file: **Yes/No**

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

Signature \_\_\_\_\_ Date \_\_\_\_\_