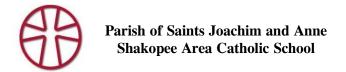


Parish of Saints Joachim and Anne/Shakopee Area Catholic School FIELD TRIP (Day Trips) PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Student/Participant name:						
Date of birth:	Gender: Female	Male				
Parent/Guardian name:						
Home address: Phone:						
Destination of Event:		Date of Event:				
Estimated Time of Departure/Return:		Mode of Transportation:				
Individual in Charge:		Student Cost \$:				
I,	grant permission for my chi					
Printed Parent/Guardian's name to participate in this parish/school event that requipance under the guidance and direction of parish/s <i>Catholic School.</i> I understand and agree that as participants.	ires transportation to a location school employees and/or volur parent and/or legal guardian, I). Further, I hereby warrant tha	Printed Child's name n away from the parish/school site. This activity will take atteers from <i>Saints Joachim and Anne/Shakopee Area</i> remain legally responsible for any personal actions taken at to the best of my knowledge, my child is in good health,				
Paul and Minneapolis, its employees and agents, of "Releasees"), from any claim, including but not limy child attending the event or in connection with	chic School its officers, directo chaperones, or representatives imited to all claims relating to the any illness or injury (includi- tor reasonable attorney's fees and unless such claim arises from	rs, employees and agents, and the Archdiocese of Saint associated with the event and activities (hereinafter communicable disease, arising from or in connection with ng death) or cost of medical treatment in connection nd expenses which may incur in any action brought the negligence of Releasees and is not related to				
indemnify Releasees for any communicable disea	ase claim arising out of the abovecutors, and personal represe on agreement includes claims	I agree to hold Releasees harmless, release, defend, and we event that is brought against Releasees by myself, intatives. I understand and agree this communicable based on the actions, omissions, or negligence of				
be asked to submit to a search of his/her possession	ons and person. If permission	bolled substance on or during an activity/event, he/she will for the search is not granted, the parents/guardians will be /controlled substance the parents/guardians will be				
Emergency Medical Treatment : In the event of emergency medical or surgical treatment. In the e		ermission to transport my child to a hospital for re unable to reach me at the above numbers, contact:				
Name & relationship:	Phone	·				
held in confidence. Medications: My child is take	xing medication at present. My cations and concise directions	onable care to see that the following information will be child will bring all such medications necessary and such for seeing that the child takes such medications, including				
Allergic reactions (medications, foods, plants, ins	ects, etc.):					
Immunizations - Date of last tetanus/diphtheria in	nmunization:					
You should be aware of these special medical con	iditions of my child:					
Family doctor: Phone: Phone: Phone: Policy #: Phone:						
Family Health Plan Carrier:	Policy #:					
As Parent or Guardian, I agree to all of the abo	ove stated considerations and	d conditions.				

Date:



DRIVER INFORMATION FORM

DRIVER						
Name	Da	ate of Birth				
Address —	Phone # -					
Driver's License #		Date of Expiration				
My Driver's license is currently valid		Yes	No	(Circle One)		
Have you had any traffic violations in the last 7 years?	Y	es No	(Circl	e One)		
If Yes, explain						
VEHCILE TO BE USED						
Name of Owner		Make of	Vehicle			
Address of Owner		Model of Vehicle				
License Plate #		Date of Expiration				
If the driver is not the owner, please contact the Catholic Mutual St.	Paul service	e office. Further	steps will be	required.		
If more than one vehicle is to be used, the aforementioned information must be provided for each vehicle.						
INSURANCE INFORMATION						
When using a privately-owned vehicle, the insurance coverage is the limit of the insurance policy covering that specific vehicle. Please provide proof of current insurance for our files .						
Insurance Company						
Policy #	Date of Expiration					
Liability Limits of Policy*						
*Please Note: Minimal, acceptable liability for privately owned vehicles is \$100,000/\$300,000 and the minimum acceptable property damage limit is \$1000,000 per occurrence.						
Please be aware the automobile's insurance is primary, and the driver's personal auto insurance is secondary.						
CERTIFICATION						
I certify that the information given on this form is true and correct to the best of my knowledge. I understand driving for Church ministry is a profound responsibility, and I will exercise extreme care and due diligence while driving. I understand that as a driver, I must be 21 years of age or older, possess a valid driver's license, have the proper and current license and vehicle registration, and have the required insurance coverage in effect on any vehicle. I agree that I will refrain from using a cell phone or any other handheld electronic device while driving.						
Signature						

Date		
Date	•	