



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 child, \_\_\_\_\_,  
Printed Parent/Guardian's name Printed Child's name  
to participate in this parish/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish/school employees and/or volunteers from **Saints Joachim and Anne/Shakopee Area Catholic School**. I understand and agree that as parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("student/participant"). Further, I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend **Saints Joachim and Anne/Shakopee Area Catholic School** its officers, directors, employees and agents, and the Archdiocese of Saint Paul and Minneapolis, its employees and agents, chaperones, or representatives associated with the event and activities (hereinafter "Releasees"), from any claim, including but not limited to all claims relating to communicable disease, arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Releasees for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Releasees and is not related to communicable disease (see communicable disease release, hold harmless and indemnification agreement below).

Communicable Disease Release, Hold Harmless & Indemnification Agreement: I agree to hold Releasees harmless, release, defend, and indemnify Releasees for any communicable disease claim arising out of the above event that is brought against Releasees by myself, participant, my family members, heirs, assigns, executors, and personal representatives. I understand and agree this communicable disease release, hold harmless, and indemnification agreement includes claims based on the actions, omissions, or negligence of participant, myself, and others, including, but not limited to the Releasees.

**NOTE:** If a participant is suspected of possessing or using alcohol/drugs/controlled substance on or during an activity/event, he/she will be asked to submit to a search of his/her possessions and person. If permission for the search is not granted, the parents/guardians will be called to take the participant home. If a participant is caught with alcohol/drugs/controlled substance the parents/guardians will be notified after the police have been called.

**Emergency Medical Treatment:** In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name & relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Specific Medical Information(OPTIONAL):** The parish/school will take reasonable care to see that the following information will be held in confidence. **Medications:** My child is taking medication at present. My child will bring all such medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows: \_\_\_\_\_

Allergic reactions (medications, foods, plants, insects, etc.): \_\_\_\_\_

Immunizations - Date of last tetanus/diphtheria immunization: \_\_\_\_\_

You should be aware of these special medical conditions of my child: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

**As Parent or Guardian, I agree to all of the above stated considerations and conditions.**

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





Parish of Saints Joachim and Anne  
Shakopee Area Catholic School

**DRIVER INFORMATION FORM**

**DRIVER**

Name \_\_\_\_\_ Date 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? Yes No (Circle One)

If Yes, explain \_\_\_\_\_

**VEHICLE 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 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 \$1000,00 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	<hr/>
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