



41 East First Street
Waconia, MN 55387
Telephone 952-442-4500 | Fax 952-442-3719
schooloffice@stjosephwaconia.org

FIELD TRIP PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

Date of Event/Field Trip: Friday, November 12th, 2021

Type of Field Trip: Service Field Trip/Rake for a Reason

Destination: Houses around the community (will vary for each team)

Individual(s)/Teacher(s) in Charge: St. Joseph Stem School

Estimated Time of Departure 9 am/after mass Return 12pm, or after raking is finished

Mode of Transportation To & From Event: Bus

What to Wear/Bring: Each child should bring a rake. Have your child dress for the weather, coat, boots, gloves if needed. Layers, with spirit wear!

Student(s') Name(s) _____

Parent/Guardian Name _____ Primary Phone _____

Home Address _____

I, _____, grant permission for _____
Parent or Guardian Name Child(ren's) Name(s)

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 parish/school and the Archdiocese of St. Paul & Minneapolis from any claims or lawsuits brought against the parish/school /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 parish/school 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 medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact

Name _____ 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 the above stated considerations and conditions.

Signature _____ Date _____

Please return this signed form to the school office by Tuesday, November 9th.