Field Trip Parental Consent and Indemnity Agreement
Holiday World 2019

Student/Participant Name _____

Date of Birth _____ Gender _____ Grade _____

Parent/Guardian Name _____

Home Address _____

Best Phone _____ Email _____

Date of Event/Field Trip 6/10/19 Destination Holiday World, Santa Claus IN

Individual(s)/Teacher(s) in Charge Augusta McMonigal

Estimated Time of Departure 6/10 8:30 am Return 6/10 11:30 pm

Mode of Transportation To & From Event Cars/Vans to/from SMM Parking Lot

Student Cost (if applicable) $35

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

to participate in the above named activity and warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Terre Haute Youth Ministry (St. Margaret Mary's, St. Benedict's, St. Patrick's, Sacred Heart, and St. Joseph) and the Archdiocese of Indianapolis from any claims or lawsuits brought against the Terre Haute Youth Ministry and Archdiocese of Indianapolis 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 group and the Archdiocese in defense of such a claim/suit.

MEDICAL TREATMENT: I give consent to my child receiving basic first aid from the appropriated adults. I also consent to over the counter medicines being administered to my child in the appropriate doses at reasonable request.

EMERGENCY CARE 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

MEDICAL INFORMATION:

Medication my child is taking at present _____

Allergies _____

Other Medical Conditions _____

Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

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

_____ _____
Signature Date

I am interested in Chaperoning _____ Phone Number_____