



PARENTAL CONSENT FORM & INDEMNITY AGREEMENT
For Summer Middle School Youth Group 2018
Wednesdays 1 pm-3 pm

Student/Participant Name _____

Date of Birth _____ Gender _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Business Phone _____

Best number to reach you during the event: _____

Parish: St. John the Baptist Catholic Church and School
Dates: June 20th, 27th July 11th, 18th, August 1st, 8th
Type of Event: Summer Middle School Youth Group
Destination: St. John’s Parish: Plaza Area and Chapel of the Angels; Games at Veterans Park (adjacent the West Parking Lot of the Church)
Individual(s) in Charge: Fr. Paul Shovelain and Deacon
Estimated Time of Event: Drop Off: 1 pm in the Plaza: Pick Up: 3 pm in the Youth Room.
Students will walk to and from Veteran’s Park just west of SJB Church.

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

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 St. John the Baptist Catholic Parish and School and the Archdiocese of Saint Paul and Minneapolis from any claims or law suits brought against the St. John the Baptist Catholic Parish and School/Archdiocese of Saint Paul and 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 St. John the Baptist Catholic Parish and 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

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