

PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

EVENT INFORMATION

Event/Activity	Gr. K-5 Spanish Club	Choose t-shirt size: YM YL S M L XL
Day/Time:	Wednesdays at 2:25-3:25, Starting Oct. 2 - Dec. 4, 2019. (no Club on Oct. 16 or Nov. 27)	
Location	All Saints School - Room 5 ~Dismissal at door J	
Cost	\$125 per student - form and payment due in school office by September 24. <i>**Please kindly register by the due date; it helps so much. Late registrations delay the t-shirt order.</i>	
Individual(s)/Teacher(s) in charge:	Señora Strozewski If you have questions, please email: kstrozewski@allsaintschurch.com.	

A. STUDENT/PARTICIPANT AND PARENT/GUARDIAN INFORMATION

Student		
Last Name	First Name	Grade
Street Address	City	Zip Code
Parent Cell Phone	Other Parent Cell Phone	email:

B. PERMISSION AND INDEMNITY AGREEMENT

I, _____ grant permission for _____
Parent or Guardian Name - please print Child Name

to participate in this parish activity that may require transportation to a location away from the parish site. This activity will take place under the guidance and direction of parish employees and/or mission partners from All Saints Catholic Church & School. As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend All Saints Catholic Church & School, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, coaches, chaperones, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate All Saints Catholic Church & School, the parish, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, coaches, chaperones, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

X _____
Parent/Guardian Signature

C. EMERGENCY MEDICAL INFORMATION

MEDICAL MATTERS: 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.

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:**

_____	_____	_____
<small>Alternate Emergency Contact Name</small>	<small>Relationship</small>	<small>Phone Number</small>

D. OTHER MEDICAL INFORMATION

Other Medical Treatment: In the event it comes to the attention of All Saints Catholic Church & School, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, coaches, chaperones, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I will be called.

Medication: I understand that no medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

I understand I am responsible for administering any medication to my child before, during or after practices, games or related activities. Medications kept in the Health Office (for use during the school day) will not be available before, during or after extracurricular activities.

X _____
Parent/Guardian Signature

Specific Medical Information:

The parish will take reasonable care to see that the following information will be held in confidence.

Family Health Plan Carrier and number _____

Family Doctor _____ Phone number _____

Allergies: _____

Medication my child is taking at present: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If yes, give date and disease or condition. _____

Special Medical Conditions we should know about: _____

E. As Parent/Guardian, I have read, and I understand and agree to all of the above stated considerations and conditions.

X _____
Parent/Guardian Signature

Date