



St. Bridget of Sweden
Catholic Church

**BUS TRANSPORTATION
PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT**

Participant's Name: _____
Date of Birth: _____ Sex: _____
Parent/Guardian's Name: _____
Home Address: _____
Home Phone: _____ Business Phone: _____

Date/Type of Event: Transportation to Faith Formation Classes
Destination: St. Bridget of Sweden
Individual(s) in charge: Theresa Zlotkowski
Estimated date of event: October 2019 - April 2020
Mode of transportation to & from event: 4.0 transportation
Student cost (if applicable): \$50.00 per child

I, _____, grant permission for _____
Parent or guardian's name Child's 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 parish/school and the Archdiocese of St. Paul/Minneapolis from any claims of law suits 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 Archdiocese in defense of such a claim/law suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an 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 a parent/guardian, I agree to all the above stated considerations and conditions.

Signature

Date