St. Vincent de Paul

Parent/Guardian Consent Form and Liability Waiver

(Signa	iture)			(Date)	
As parent or guar conditions.	rdian, I agre	e to all of th	e above-	stated conside	erations and
to participate in the above child's participation, I ag Minneapolis from any clai Minneapolis by myself, my above. I also agree to pa and Archdiocese in defende	ree to indemnify ims or lawsuits bro y child, or others, ay reasonable atto	the Church of S bught against the that arises out of orney's fees or ex	t. Vincent de Church of St. any behavior	e Paul and the Arch . Vincent de Paul/Arc by my child at the ev	diocese of St. Paul/ hdiocese of St. Paul/ ent/activity described
I, Parent/Guardian Nam	ne	, grant pern			s Name
Family Doctor:	Phone Number:				
Family health plan carrier	number:				
Medication my child is tak	ing at present:				
(Name)			(Phone)		
EMERGENCY MEDICAL hospital for emergency m Also, I wish to be advised are unable to reach me at	nedical treatment. I prior to any furthe	I understand the treatment by a	at I am resp	onsible for the cost of	of medical treatment.
Student cost, if ap	oplicable:				
Mode of transport	tation to and from	event:			
Estimated time of	departure and ret	turn:			
Individual(s) in ch	arge:				
Destination:					
Date/Type of ever	nt:				
Would you be willing to he	elp chaperon? (P	lease circle):	Yes	No	Maybe
Home Phone:	Cell Phone:			Work Phone:	
Home Address:					
Parent/Guardian's name:					
Birth Date:	Sex	Grade:	Paris	sh Member or Guest:	