



St. Mary's Catholic School  
Morris, MN  
Field Trip Permission Form

Participant's Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

I, \_\_\_\_\_ grant permission for my child, \_\_\_\_\_  
To participate in the school event that requires transportation to a location away from the  
school site. This activity will take place under the guidance and direction of school  
employees and/or volunteers from St. Mary's Catholic School.

A brief description of the activity follows:

**Type of event:**

**Date of event:**

**Destination of event:**

**Individual in charge:**

**Estimated time of departure and return:**

**Mode of transportation to and from the event:**

As parent and/or 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 St. Mary's Catholic School, its officers, directors, employees and  
agents, and the Diocese of St. Cloud, from any claim arising from or in connection with my  
child attending the event or in connection with any illness or injury (including death) or cost  
of medial treatment in connection therewith, and I agree to compensate the parish, its offi-  
cers, directors and agents, and the Diocese of St. Cloud, its employees and agents and chap-  
erones, or representative associated with the event for reasonable attorney's fees and  
expenses which may incur in any action brought against them as a result of such injury or  
damage, unless such a claim arises from the negligence of the school/diocese.

**Emergency Medical Treatment:** In the event of an emergency, the Student Emergency  
Medical Information form which was completed by you at the beginning of this school year  
will be referenced. A copy of this form will be sent with the person(s) in charge. It is your  
responsibility to make sure that all information is kept accurate throughout the school year.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_