

Holy Trinity School
745 6th Avenue South
South St. Paul, MN 55075
651-455-8557

Field Trip Permission Slip

Educational Purpose: _____

Dates: _____

Time: _____

Teacher: _____

Location: _____

Mode of Transportation: _____

I/We, the parent(s)/ guardians of _____ request that Holy Trinity School allow my/our son/daughter to participate in field trip for _____

I/We hereby release and hold harmless and indemnify Holy Trinity Church and School, and the Archdiocese of St. Paul and Minneapolis, and any and all of its employees from any and all liability from any and all harm arising to my/our son/daughter as a result of this activity trip, and any claims or lawsuits brought against the Holy Trinity Church and School, and the Archdiocese of St. 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 Holy Trinity Church and School, and the Archdiocese of St. Paul and Minneapolis in defense of such a claim/lawsuit.

In the event of a medical emergency, 911 will be called. Your child may then be transported to a hospital for emergency medical or surgical treatment. Parents/Guardians will be notified as soon as possible. The school office will share the information with the paramedics, doctors, and/or hospital, that is on the Health emergency card in the office.

(parent/guardian signature and date)