

## CODE OF CONDUCT

The following are a few rules that all participants are expected to follow while participating and representing

The Church of Saint Anne

Name of Parish/School/Area Faith Community (AFC)

In this event sponsored by The Church of Saint Anne

Name of Parish/School/AFC

On \_\_\_\_\_

Date of Event

*Please read and sign.*

I, \_\_\_\_\_, **WILL:**

Printed Name of Youth Participant

- Treat all other persons with respect and not cause any intentional harm (physically, emotionally, or spiritually) to any person in any way.
- Respect the property of others, including all program facilities and property.
- Follow all appropriate instructions of all personnel aiding in this event, including, but not limited to, chaperones, support staff, transportation personnel and administration.
- Be on time for all check-ins and departure time.
- Not have in my possession any tobacco, alcohol or any controlled illegal substance

**I agree that if any of these terms are violated, the Church of St. Anne can send the participant home at the participant/guardian's expense.**

\_\_\_\_\_  
Youth Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please return to: Laura Reither

No later than: \_\_\_\_\_

*The Parish/School/AFC sponsoring this activity is responsible for receiving an authorized form for each participant under the age of 18.*

## FIELD TRIP PERMISSION FORM

Student/Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

**Date of Event/Field Trip** \_\_\_\_\_ **Type of Field Trip** \_\_\_\_\_

**Destination** \_\_\_\_\_

**Individual(s)/Teacher(s) in Charge** \_\_\_\_\_

**Estimated Time of Departure** \_\_\_\_\_ **Return** \_\_\_\_\_

**Mode of Transportation To & From Event/Field Trip** \_\_\_\_\_

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I give permission to transport my child to a hospital. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. 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:

\_\_\_\_\_  
Name Relationship Phone Number

### HEALTH INFORMATION:

Medication my child is taking at present \_\_\_\_\_

For headache or minor pain, my child may be given \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Insurance Company \_\_\_\_\_ Family Health Plan carrier number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_

I, \_\_\_\_\_, **GIVE PERMISSION FOR** \_\_\_\_\_  
Parent or Guardian Name Child Name

**TO PARTICIPATE IN THE ABOVE-DESCRIBED EVENT. I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the Church of St. Anne and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought 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 Church of St. Anne and the Archdiocese in defense of such a claim/suit.**

**I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the Code of Conduct provided by the Church of St. Anne while participating in the event. I understand that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_