Babysitting Permission Form

This form is REQUIRED for ICC to Babysit your child(ren)

Please hand in prior to or bring along to Babysitting Night! Thank You!

Children(s) Name(s) & Birth Date(s):	
Parent/Guardian's Name	
Home Phone:	
Cell Phone(s):	
Place of Destination(s):	
Destination(s) Phone Number (Optional)	
Est. Return Time:	
Individuals in Charge:	Tracy Duske

I, _____, grant permission for _____
Parent/Guardian 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 Immaculate Conception Church and the Archdioceses of St. Paul/ Minneapolis from any claims of law suits brought against the Immaculate Conception Church/Archdiocese of St Paul/Minneapolis by myself, my child or others, that arises 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 Immaculate Conception Church 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 number, contact

_____ _____.
(Name) (Phone)

OPTIONAL MEDICAL INFORMATION:
Medication my child is taking at present: _____
My Child is allergic to: _____
Family Health Plan Carrier Number:_____
Family Doctor:_____
As Parent or guardian, I agree to all of the above stated considerations and conditions.

_____ _____
Signature Date