



Grades PK, K, 1 Field Trip
to the
Minnesota Zoo

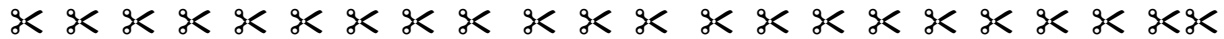
Friday, April 30 9:00 a.m. – 2:00 p.m.

Cost: \$10.00 per child (covers bus, Farm Babies education and lunch facility). Students who have MN Zoo memberships pay only \$5.00 to cover the bus with photocopy proof of membership.

Time: The bus leaves HFA at 9:00 a.m. and will return at 2:00 p.m.

- PK children report to the hallway outside of room 204 at 8:40 a.m.
- K and 1st graders begin their school day as usual and will board the bus at 9:00 a.m.

Bring: Disposable bag lunch and beverage



PERMISSION FORM

Complete and Return by Wednesday, April 28th

Students who do not return this form will not be able to attend.

I give permission for my child _____ to attend MN ZOO with Holy Family Academy on Friday, April 30th, 2010. I understand that they will be traveling by bus and be gone from 9:00 a.m. -2:00 p.m. I understand that my child's teacher will bring the **Emergency Information Form** that I completed regarding my child's health and emergency contact people with them on this field trip. **If any information regarding my child's health or emergency information has changed since the time that I completed this Emergency Information Form in September, I have informed the school.**

- I have included \$10.00 or \$5.00 with MN ZOO membership (payable to Holy Family Academy)
- I would like to volunteer to be a chaperone (no siblings). Please contact me at: _____. I understand I must have Virtus Training and Back ground check completed to volunteer.
- I am asking for a scholarship for _____ dollars

Parent Signature

Date

Phone number(s) where I can be reached ALL DAY on June 1st

**FIELD TRIP
PARENTAL CONSENT FORM & INDEMNITY AGREEMENT**

Student/Participant Name _____

Date of Birth _____ Sex _____

Parent/Guardian Name _____

Home Address _____

Home Phone _____ Business Phone _____

Parish/School: HOLY FAMILY ACADEMY

Date of Event/Field Trip: April 30, 2010

Type of Field Trip: Educational/Recreational

Destination: Minnesota Zoo

Individual(s)/Teacher(s) in Charge: Mrs. Leisenheimer, Miss Lashinski, Mrs. Tasto

Estimated Time of Departure: 9:00 A.M. Return: 2:00 P.M.

Mode of Transportation To & From Event: BUS

Student Cost (if applicable): \$10.00 for Bus and Zoo/ \$5.00 for Bus with Zoo Membership

I, _____, grant permission for _____
Parent or Guardian Name Child 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 **HOLY FAMILY ACADEMY** and the Archdiocese of St. Paul & Minneapolis from any claims or law suits brought against **HOLY FAMILY ACADEMY** /Archdiocese of St. Paul & 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 parish/school and the Archdiocese in defense of such a claim/suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. 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 Phone Number

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present _____

Allergies _____

Other Medical Conditions _____

Family Health Plan carrier number _____

Family Doctor _____ Phone Number _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature Date