

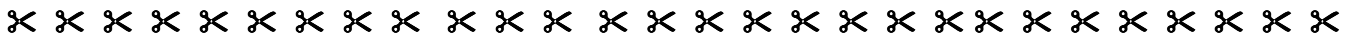


**OPTIONAL Grades 5-8 Service Opportunity at
Feed My Starving Children**

Wednesday, March 31, 2:00-5:00 pm

Cost: \$7.00 per student (cost covers bus and donation to FMSC)

IMPORTANT: Because we can only take 40 students, participation is on a first come, first serve basis. Students NOT participating should be picked up from HFA at the normal carpool time.




I give permission for my child _____ to attend FEED MY STARVING CHILDREN with Holy Family Academy on Wednesday, March 31, 2010. I understand that they will be traveling by bus and be away from HFA from 2:00 pm – 5:00 p.m. I understand that my child will be leaving school at 2:00 pm and that **I will need to pick my child up at HFA at 5:00 pm.**

_____ I have included \$7 (payable to Holy Family Academy)


The person who will be picking my child up at HFA at 5:00: (Students will only be released with this person): _____

Parent Signature

Date

 _____

EMERGENCY PHONE NUMBER WHERE I CAN BE REACHED DURING THIS FIELD TRIP (students are unable to attend without this information)

 _____

ALTERNATIVE EMERGENCY PHONE NUMBER DURING THE FIELD TRIP

**ARCHDIOCESAN FIELD TRIP REQUIRED FORM
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: MARCH 31, 2010
Type of Field Trip: FEED MY STARVING CHILDREN
Destination: CHANHASSAN
Individual(s)/Teacher(s) in Charge: ANN COONE

Estimated Time of Departure: 2:00 pm. Return: 5:00 pm

Mode of Transportation To & From Event: BUS to and from FMSC. Parents MUST pick children up at school at 5:00 pm on March 31, 2010.

Student Cost (if applicable): \$7

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