

**CATHOLIC MUTUAL "CARES" LOSS PREVENTION SYSTEM
PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Curriculum Goal: **Community Service - Grade 4**
Destination: **Regan Hall- Help Seniors with their lunch trays**
Designated Supervisor of Activity: **Mrs. Smith/Mrs. Brooks**
Date and Time: **Senior Lunch Days 1 x month 2007-08 12:30 P.M.**
Method of Transportation: **Walk**
Student Cost: **-0-**

I _____ hereby grant my permission for my
(Parent or guardian's name)
child, _____ ,
(Child's Name) (Child's Grade)

to participation in the above named activities including the method of transportation. In consideration of my child's participation, I agree to indemnify St. Vincent de Paul parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits brought against St. Vincent de Paul parish/school/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 Archdiocese in defense of such a claim/lawsuit.

I understand that this event will take place away from the school grounds and that my child will be under the supervision of the St. Vincent de Paul School employee and/or volunteers.

MEDICAL MATTERS: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Please indicate any changes in the emergency/medical information. You provided this information in the fall on a general waiver form.

_____ Yes, changes in the emergency/medical information.
New information: _____

_____ No changes in the emergency/medical information.

X _____
Parent/Guardian's Signature Date

Home address: _____

Home phone : _____ Work Phone _____

Emergency Phone: _____

In the event of an emergency, if you are unable to reach me at the above numbers, contact (emergency name & relationship)
_____ Phone: _____

STUDENT: By signing this consent form I agree to abide by St. Vincent de Paul's Code of Conduct described in the School Handbook. **X** _____
(Student Signature) (Date) (Teacher/Grade)

PLEASE RETURN THIS FORM BY: Monday, September 17th, 2007