



Dear 7<sup>th</sup> Graders and Parents,

As you know, during your time away from small group nights at church, we gather together to work on reaching out to the community in service. We have set up your service project at 'Feed My Starving Children' and it's coming up fast! We will be going to FMSC on Wednesday, Feb. 1 from 5:15-8:15PM. Please meet at St. Joe's

front office at 5:15 for check in.

Please drop off a permission slip and check for \$15 (covers transportation and small donation to FMSC) to confirm your child's attendance **by Thursday, Jan. 26** We will be traveling by school bus. Make sure teens eat before they come.

A little bit about what you'll be doing at FMSC...this is a non-profit group who gathers groups together to package nutritious, easy-to-make, and tasty meals that are shipped all over the country and the world. You will be given a brief introduction and then be put to work assembly-line-style packaging the meals. Remember to wear close-toed shoes and if you have severe food allergies or are not feeling well that day, you should stay home.

If you have any questions, please email [DeniseW@saintjosephsparish.org](mailto:DeniseW@saintjosephsparish.org). I found this quote from Anne Frank to be fitting for you. Thank you very much in advance, for lending a helping hand and making the world a better place!

*"How wonderful it is that nobody need wait a single moment before starting to improve the world." ~ Anne Frank*

Denise Walsh, Middle School Faith Formation & Confirmation Coordinator  
651-784-3015 x 110

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# FIELD TRIP PERMISSION FORM

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

Parent/Guardian Names \_\_\_\_\_

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

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

Date of Event Feb. 1, 2012 Type of Field Trip: Service Project

Destination: Feed My Starving Children – Coon Rapids, MN

Individual(s)/Teacher(s) in Charge Denise Walsh/Annette Goff

Estimated Time of Departure 5:15 pm (Check-in) Return 8:15 pm

Mode of Transportation To & From Event/Field Trip School Bus

**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 parish/school 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 parish/school in defense of such a claim/suit. I agree to drop my child off at the departure location at least 15 minutes prior to departure and to provide transportation home at my expense.**

**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 parish 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 \_\_\_\_\_

Yes, I can drive and chaperone and I have seatbelts for \_\_\_\_\_ people besides myself.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

