

**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. Morri/Miss McCue**  
Date and Time: **Senior Lunch Days 1 x month 2014-2015 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: Wednesday, August, 27, 2014**