



Santa Parade Nov 17th at 1pm

On Saturday, November 18th Holy Family School will be participating in the Santa's Holiday Parade. The parade begins at 1pm.

Students accompanied by a parent are welcome to ride on the float or walk to pass out candy. This years theme is Snowmen. Please wear a white shirt, black pants, red scarf, and black hat.

If you wish to participate please fill out the attached form and return to school by November 9th. More information will be sent home with participating students at a later date.

We are also asking each family to send in candy or a donation of \$5. This would be a great way to get the Halloween candy out of the house. Please send it to school by Nov 13th.

Thank You,
Jamie Schuler



HOLIDAY PARADE PERMISSION SLIP

I/we request that my child (print), _____, Grade _____, be allowed to participate in Santa's Holiday Parade on Saturday, Nov. 17, 2018, with students from Holy Family School (thereafter the "organization"), beginning about 12:15 p.m., in Granite City, because we believe this activity will benefit our child both educationally and spiritually.

I/we understand that all rules of conduct and standards of behavior, as deemed by the Organization will apply to this activity and we have discussed these with my/our child. In consideration for making this agreement, I/we hereby release and save harmless the Organization and all its employees from any and all liability arising to my child as a result of this activity.

My/our child has been informed that he/she is to abide by the rules and regulations including the directions and instructions from the school's administrators, instructors, and supervisors as imposed on students while participating in this activity. This shall include his/her participation in any planning and information sessions and all the prerequisites prior to his/her participation in this activity. In the event that our child fails to abide by the rules and regulations imposed on the student while participating in this activity, disciplinary action may either require that he/she not participate in the activity.

I/we further understand that the Organization is not responsible for any damages or accidents that may result from our child's actions or the actions of others. To the greatest extent possible, we release the Organization and the Diocese of Springfield in Illinois, and all those acting on their behalf, from all liability for damages to or caused by our child as a result of this activity, and I/we agree to indemnify them for any such damages.

In the event of an emergency, we hereby grant permission to the adults supervising this activity, or any licensed hospital or physician, to authorize immediate emergency medical treatment for our child. Additionally we give permission to transport our child for emergency medical treatment. We wish to be advised prior to any further treatment by the hospital or doctor.

Emergency Contact / Medical Information: (Please Print)

Father/Guardian: _____ Daytime Phone: (____) _____
Mother/Guardian: _____ Daytime Phone: (____) _____
Address: _____ Home Phone: (____) _____
Other Contact Person: _____ Phone: (____) _____
Medical Insurance Company: _____
Company Address: _____ Policy Number: _____
Medical Conditions/Allergies: _____

Signature

Date