

Holy Family School
1900 St. Clair Avenue
Granite City, Illinois 62040

Dear Holy Family School Parents,

The students will be attending a matinee performance of “Rumpelstiltskin” at Granite City High School on Wednesday, March 20, 2019. The students will travel by school bus. They will leave Holy Family School in two shifts, beginning at 8:30 a.m. They will return to school in two shifts. They will have a regular lunch when they return.

The cost will be \$4.00 per student or chaperone. Students will wear their uniforms.

We will need at least two chaperones for each of the classes. Priority will be given to head room mothers. All chaperones must have taken a “Protecting God’s Children” class and must have a background check on file. **Teachers** will contact those selected as chaperones after all forms have been returned.

This should be a very enjoyable event for the students. The set and costumes are outstanding!

Please fill out the attached note and return to school by Thursday, March 14.

“RUMPELSTILTSKIN” FIELD TRIP

All Sign at bottom of this sheet and return by Thursday, March 14.

I request that my child, (print), _____, Grade _____, travel by school bus on Wednesday, March 20, 2019, to GCHS for a performance of “Rumpelstiltskin.” I have submitted \$4.00 ____ (check if submitted) for the performance.

I would like to be a chaperone for Grade _____. My telephone number is _____. If selected, I will submit \$4.00 in a marked envelope.

My child, (print) _____, Grade _____, does not have my permission to travel by school bus for the March 20, 2019, performance of “Rumpelstiltskin” at GCHS.

I/we request that our child _____, Grade _____, be allowed to travel by school bus to Granite City High School on March 20, 2019, with students from Holy Family School (thereafter the organization), leaving about 8:30 a.m., and to return to school the same day for a play performance because we believe this trip 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