

*Holy Family School  
1900 St. Clair Avenue  
Granite City, IL 62040  
(618) 877-5500  
Holyfamilyhawks.net*

September 2019

Dear Parents of Student Council Members:

Your child is being invited to help the elderly and infirm of Holy Family Parish by assisting at the Anointing Mass on Wednesday, Oct. 16, 2019. By working a certain number of hours, your child will have the satisfaction of helping others plus earning points toward a service award in Student Council.

The students will meet at 3:40 p.m. at the church, where students hold church doors open, welcome the people, and, if needed, assist them to a pew. The students attend the 4:00 p.m. Mass. After Mass, the students help those in need walk to the Holy Family Community Center, where the guests are all seated at tables. All Student Council members go through the serving lines and serve the adults their meal, drink, and dessert. After those attending have eaten, the students will eat. Last on the agenda is clean-up.

Please pick up your child at 6:15 p.m. Students should wear their Student Council T-shirts or school uniform.

Thank you for your continued cooperation.

Sincerely,

Mrs. Margaret Pennell,  
Principal  
Mrs. A. Atkins  
Ms. C. Reber,  
Student Council Advisors

**PLEASE RETURN ATTACHED FORM BY TUESDAY, OCT. 8, 2019.**

**DIOCESAN RELEASE FORM ANOINTING MASS OCT. 16**

I/we request that our child \_\_\_\_\_, Grade, \_\_\_\_\_, be allowed to participate with the Student Council of Holy Family School (hereafter the "Organization") from about 3:40 p.m. to 6:15 p.m. on Wednesday, Oct. 16, 2019, at the Holy Family Parish Church and Community Center, 2606 Washington Ave., 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: \_\_\_\_\_

**We hereby also give our consent for our child to receive emergency medical care during this activity.**

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_