

**Confirmation Class
Service Project
Permission slips due back
April 7, 2010**

Wednesday April 14th all our Confirmation Candidates will work together at YWAM in Rockford Township. We will be packing meals for 3rd world countries. The bus will leave at 6:25 p.m. and return at 9:00 p.m. No students are allowed to drive.

**St Francis Xavier Faith Formation Permission Slip
PARENTAL/GUARDIAN CONSENT FORM AND INDEMNITY AGREEMENT**

Participant's Name: _____ Birth Date: ____ / ____ / ____ Sex: ____

Parent/Guardian's name: _____

Home Address: _____

Home Phone: _____ Business Phone: _____

Date & type of event: **Wednesday April 14, 2010**

Destination: **YWAM (Youth With A Mission)**

Individual(s) in Charge: **Tim Stanoch**

Estimated time of departure and return: Bus leaves 6:25, return 900 p.m.

Mode of transportation to & from event: School Bus

Student cost if applicable- N/A

I, _____ grant permission for _____
(Parent or guardian's name) (Child's name)

to participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or law suits brought against the 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/law suit.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

Name: _____ Phone number: _____

OPTIONAL MEDICAL INFORMATION:

Medication my child is taking at present: _____

Family Health Plan carrier number: _____

Family Doctor: _____ Phone number: _____

As parent or guardian, I agree to all of the above stated considerations and conditions.

Signature

____ / ____ / ____
Date