

Parent/Legal Guardian Permission Slip and Indemnity Agreement



Your son/daughter, ward, _____ is eligible to participate in a school/parish-sponsored activity that requires permission. This activity will take place under the guidance and supervision of employees/volunteers from St. Mary Parish /School. A brief description of the activity is as follows:

Date	Wednesday, June 5, 2024	Time	9:00 am - 2:15 pm
Location	Kinderberg Park N106 W15060 Buckhorn Dr., Germantown, WI 53022		
		Cost: N/A	
Transportation	Rite Way Grades K3-K5: Leaving St. Mary's @ 8:45 am; leaving Kinderberg Park at 11:00 am Grades 1-7: Leaving St. Mary's @ 8:45 am; leaving Kinderberg Park at 2:00 pm		
Notes and Attire	Students should bring a drawstring bag (with name on it) with the following items: 1. Sunblock 2. A Non-perishable lunch (with name on it) 3. A refillable water bottle. 4. A towel	Important Details: 1. Wear appropriate out of uniform* clothing and tennis shoes. 2. Apply sunscreen BEFORE your child comes to school. 3. Hats are recommended	

***SEE ATTACHED FOR IMPORTANT DETAILS.**

Please cut bottom half to your child's teacher by: **FRIDAY, May 24, 2023**

I give consent for my child/ward: _____ to participate in **SMPS Field Day**

As parent or legal guardian, I agree to defend and fully indemnify St. Mary Parish and St. Mary School against any claim, which may result from any personal actions taken by my child/ward. As parent or legal guardian, I further agree to fully indemnify and hold harmless St. Mary Parish and St. Mary School against any claim or cause of action whatsoever brought against St. Mary Parish and St. Mary School which took place during the above identified activity, which is related to the activity, if that claim or cause of action is brought by my child/ward or their parent/legal guardian.

I hereby consent to participation by my above-named child/ward, in the activity described above. I certify that I understand this agreement and the activity described above that my child/ward will be participation in. I further understand that I had the opportunity to fully discuss the above-named activity and this agreement with a representative of the parish/school to clarify any concerns or questions about the activity or this agreement that I may have had.

 Parent/Legal Guardian Signature Print Parent Name Date

 Address/City/State/Zip

 Cell phone # 2nd contact phone#

I can chaperone (and I have satisfied all Milwaukee Archdiocese Safe Environment Program requirements)
 I cannot chaperone

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

Physician Name: _____ Physician Phone _____

FOR OFFICE USE ONLY:		
Date	Grade/Home room	
Location		