



Please return by Friday, May 3, 2024

DIOCESE OF LA CROSSE
SUPPLEMENTAL CHILD CONSENT AND RELEASE FORM
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER

Participant's Name: _____
Participant's Name: _____

DOB: _____
DOB: _____

Parent/Guardian's Name: _____

I grant permission for my child to participate in this parish/youth ministry/school event that requires transportation to a location away from the parish/school site. This activity will take place under the guidance and direction of parish employees and/or volunteers from **ST. VINCENT DE PAUL SCHOOL**.

A brief description of the activity follows:

Event: Safety Patrol Trip to Wis Dells (only for students who have fulfilled their duties)

Grade(s): 5

Date of event: Friday, May 10, 2024

Cost of Event: No Charge, however, students may want to bring up to \$10 for spending money. A short time will be allowed for shopping in the afternoon.

Dress code: Please dress for the weather-we will be going rain or sunshine! We will be going to Mt. Olympus (includes indoor/outdoor theme park and water rides). You may wear a swimsuit (girls, one piece) underneath your clothes. You may bring a towel and extra, dry clothes to change into. Please remember to send sunscreen with your child.

Destination of event: Mount Olympus, 1181 Wisconsin Dells Pkwy, Wisconsin Dells, WI

Individuals in charge: Mr. Klicka and Chaperones

Estimated time of departure and return: 9am-5pm (Friday Folders dispersed upon return)

Mode of transportation to and from event: Bus

Meal arrangements: Hot dog lunch is provided

Chaperones needed: Yes *COST FOR CHAPERONES IS \$9.00* WE CAN HAVE UP TO 5 CHAPERONES!
_____ I would like to chaperone. **Name/contact #: _____**

I acknowledge that I have previously completed the Comprehensive Child Consent and Release form, providing medical information, permissions, authorizations and releases pertaining to my child. I have listed below any additions and/or corrections to the information provided on that form:

Subject to any changes above, I hereby reaffirm any and all such disclosures, permissions, authorizations and releases as though stated herein.

Signature: _____ Date: _____
(please detach here – keep for your reference)

St. Vincent de Paul School

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