



St. Joseph School

13900 Biscayne Ave. W.

Rosemount, MN 55068

Phone 651.423.4402

www.stjosephcommunity.org

April 2, 2024

Dear Parents,

On Thursday, May 9, the students in grades 2 & 4 will be taking a field trip to the Science Museum of Minnesota in St. Paul. St. Joseph School has chartered one bus through Schmitt & Sons Lines to take the students to SMM located at 120 W. Kellogg Blvd. in St. Paul. The bus will leave St. Joseph School at approximately 9:15AM in order to arrive at SMM by 10:00AM. The group will eat lunch after the completing their experience and will leave to return to St. Joseph School at 12:45PM, returning to St. Joseph School approximately 1:30PM.

The cost for this field trip is \$10 for each student attending for transportation. St. Joseph School received a grant to assist with the cost of the buses. Entry to the SMM is free.

Students need to bring a completely disposable bag lunch including a beverage, **NO LUNCH BOXES OR ICE PACKS**. There will not be refrigeration available, so please plan accordingly. They will eat lunch at the SMM. *Per St. Joseph School policy, students must wear their school uniforms on this field trip.*

Please return the attached permission slips to school by Wednesday, May 1, 2024. E3 certified family members interested in chaperoning this field trip can notify the Main Office of their interest. Chaperones will be chosen by a lottery on Monday, April 29, 2024.

Sincerely,

Gracie Milbrandt, Shelby Pogatchnik, and Karianna Frey

FIELD TRIP

PARENTAL CONSENT FORM & INDEMNITY AGREEMENT

For Day Trips

Student/Participant Name _____

Date of Birth _____

Parent/Guardian Name _____

Home Address _____

Phone _____

please indicate if cell/home/work

Parish/School: St. Joseph Church and School – Rosemount

Date of Event/Field Trip: May 9, 2024

Destination: Science Museum of Minnesota, 120 W. Kellogg Blvd., St. Paul

Teachers in Charge: Gracie Milbrandt, Shelby Pogatchnik, and Karianna Frey

Time of Departure: 9:15AM Return: 1:30PM (approximately)

Mode of Transportation To & From Event: Chartered bus through Schmitty & Sons

Cost per student: Transportation cost of \$10, entry to SMM is free

I, _____ (parent or Guardian Name), grant permission for _____ (child name) to participate in this parish/school event that requires transportation to a location away from the parish/school site. This will take place under the guidance and direction of parish/school employees and volunteers from the Church and School of St. Joseph - Rosemount. I understand and agree that as parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("student/participant"). Further, I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend the Church and School of St. Joseph—Rosemount, its officers, directors, employees and agents, and the Archdiocese of Saint Paul and Minneapolis, its employees and agents, chaperones, or representatives associated with the event and activities (hereinafter "Releasees"), from any claim, including but not limited to all claims relating to communicable disease, arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Releasees for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Releasees.

Signature: _____ Date: _____

Emergency Medical Treatment: In the event of an emergency, I give permission to transport my child to a hospital for medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of any emergency, if you are unable to reach me at the above numbers, contact _____ (Name / relationship & phone number)

Specific Medical Information: Church of St. Joseph Church and School will take reasonable care to see that the following information will be held in confidence.

Medications: My child is taking medication at present. My child will bring all such medications necessary and such medications will be well-labeled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows:

Allergic reactions (medications, foods, plants, insects, etc.): _____

Immunizations, date of last tetanus/diphtheria immunization: _____

You should be aware of these special medical conditions of my child: _____

Family doctor & office name: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

As Parent or Guardian, I agree to all of the above stated considerations and conditions.

Signature: _____ Date: _____