



Saint Agnes School 530 Lafond Avenue, St. Paul, MN 55103



April 11, 2017

Dear Senior Students and Parents,

On Tuesday, April 25th, a “Day of Reflection” retreat will be held for all Saint Agnes Seniors at Dunrovin Christian Brothers Retreat Center in Marine On St. Croix, MN. David Rinaldi, a vibrant, local Catholic speaker, will lead our retreat this year. We are excited to have him join us.

We will depart from Saint Agnes School by bus at 7:55 a.m. on Tuesday morning and will return to Saint Agnes by 2:45 p.m. We sincerely hope this will be a time in which our students can faithfully reflect on their time at Saint Agnes and begin to look forward to what lies ahead!

Students may be out of uniform for the day, but must follow the non-uniform dress code, which can be found in the Parent/Student Handbook. Please keep in mind that we will be celebrating Mass during the retreat, so students should dress accordingly. Students are also encouraged to bring weather-appropriate outdoor clothing, as there will be an opportunity for outdoor activities (basketball, canoeing, etc.) Continental breakfast and lunch will be provided. If your student has any food allergies, please contact me as soon as possible so we can plan accordingly. As this is a day of retreat, we ask that students not bring cell phones or other electronic devices with them to the retreat. If you need to contact your child on the day of the retreat, you may contact Mrs. Kemp directly at 651.368.3816 or call Dunrovin’s main office at 651.433.2486.

Attached you will find a permission form that must be filled out and returned to Mrs. Kemp by **Wednesday, April 19th. Please note that this form is two-sided.** Students can turn in their permission forms to the Guidance Office. Please contact me if you have any questions or concerns. We are looking forward to spending a day set aside for spiritual growth with the Senior class. May God bless you during the remainder of this Lenten season and into Easter!

Sincerely,

Mrs. Rachel Kemp
Counselor
Saint Agnes School
rkemp@saintagnesschool.org
(651) 925-8752

**SAINT AGNES SCHOOL / CHURCH OF SAINT AGNES
PARENTAL/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Participant's name: _____

Birth date: _____ Sex: _____

Parent/Guardian's name: _____

Home address: _____

Home phone : _____ Business phone: _____

I, _____, grant permission for my child, _____,
Parent or guardian's name *Child's name*

to participate in this parish/school activity that may require transportation to a location away from the school/parish site. This activity will take place under the guidance and direction of school/parish employees and/or volunteers from Saint Agnes School / Church of Saint Agnes.

Type of event: **Senior Class Retreat**

Location(s): **Dunrovin Retreat Center – Marine on St. Croix, MN**

Individual(s) in charge: **Mrs. Rachel Kemp, Counselor**

Additional Chaperones: **Saint Agnes School teachers/staff**

Date: **Tuesday, April 25, 2017** Duration of activity: **Full school day – 7:55 a.m. - 2:45 p.m.**

Mode of transportation to and from event: **Bus**

Fee: **no fee**

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor ("participant"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Saint Agnes School / Church of Saint Agnes, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, coaches, chaperons, or representatives associated with the event, arising from or in connection with my child attending the event or in connection with any illness or injury or cost of medical treatment in connection therewith, and I agree to compensate Saint Agnes School / Church of Saint Agnes, the parish, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, coaches, chaperons, or representatives associated with the activity for reasonable attorney's fees and expenses arising in connection therewith.

Signature: _____ Date: _____

(Medical Matters on the back)

MEDICAL MATTERS: 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. *(Of the following statements pertaining to medical matters, sign only those that are applicable.)*

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical 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:

Name & relationship: _____ Phone: _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

Signature: _____ Date: _____

Other Medical Treatment: In the event it comes to the attention of the school/parish, its officers, directors and agents, and the Archdiocese of Saint Paul & Minneapolis, coaches, chaperons, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be called collect (with phone charges reversed to myself).

Signature: _____ Date: _____

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:

Signature: _____ Date: _____

No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life-threatening and emergency treatment is required.

Signature: _____ Date: _____

I hereby grant permission for **non-prescription medication** (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

Signature: _____ Date: _____

Specific Medical Information: The parish will take reasonable care to see that the following information will be held in confidence.

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

Immunizations: Date of last tetanus/diphtheria immunization: _____

Does child have a medically prescribed diet? _____

Any physical limitations? _____

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chickenpox, etc.? If so, date and disease or condition: _____

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

