

**CATHOLIC MUTUAL "CARES" LOSS PREVENTION SYSTEM
PARENT/GUARDIAN CONSENT FORM AND LIABILITY WAIVER**

Curriculum Goal: Developing theatrical & creative skills through Drama Club (GRADES 3rd through 8th)
Destination: St. Vincent de Paul School presents **The Lion King**
Designated Supervisor of Activity: *Mrs. Kim Lyngen*: September 11th – November 3rd, 2017, Gym: 1:45 -3:15 P.M.
Tech week November 7-11, 2016, 2:30-4:30 at TG
Performances: November 11, 2017, 2:00 & 6:00 PM & November 12th : 2:00 PM 2017 at
Totino Grace High School
Method of Transportation: Parents will provide transportation both ways as necessary.
Cost: \$75.00 **** Charged through Smart Tuition *****

I _____ hereby grant my permission for my child, _____
(Parent or guardian's name) (Child's Name) (Teacher, Grade)
to participation in the above named activities including the method of transportation. In consideration of my child's participation, I agree to indemnify St. Vincent de Paul parish/school and the Archdiocese of St. Paul/Minneapolis from any claims or lawsuits brought against St. Vincent de Paul 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/lawsuit.

I understand that this event will take place away from the school grounds and that my child will be under the supervision of the St. Vincent de Paul School employee and/or volunteers.

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.

EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Hospital (Preferred) _____

Family doctor: _____ Phone: _____

Family Health Plan Carrier: _____ Policy #: _____

In event 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). 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.

SPECIAL MEDICAL INFORMATION:

Allergic reactions (medications, foods, plants, insects,

Any physical limitations? _____

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

Parent/Guardian's Signature

Date

Home address: _____

Home # _____ Work # _____ Emergency# _____

E-mail: _____

In the event of an emergency, if you are unable to reach me at the above numbers, contact:

(emergency name & relationship) Phone: _____

STUDENT: By signing this consent form I agree to abide by St. Vincent de Paul's Code of Conduct described in the School Handbook.

X _____
(Student Signature) (Date) (Teacher/Grade)

_____ I can volunteer (screened) _____ I cannot Volunteer (We request you do not bring siblings or pre-school children.)

PLEASE RETURN THIS SIGNED FORM BY : **Thursday, September 7, 2017**

St. Vincent de Paul Drama Club
Code of Conduct

CODE REQUIREMENTS:

- it It is a privilege to represent St. Vincent de Paul School in the Drama club.
- gt I will be attentive at each session and perform to the best of my ability at all time.
 - I will respect the drama instructor's authority to evaluate auditions and assign cast members.
 - I will respect the rights and beliefs of others and will treat others with respect, courtesy and consideration.
 - I will be fully responsible for my own actions and the consequences of my actions.
- e I will respect the property of others.
 - I will adhere to the academic and behavioral standards as outlined in the school handbook in order to remain eligible to participate in a St. Vincent's co-curricular program.

Student: By signing this Code of Conduct, I agree to abide by this Code and to follow any disciplinary action imposed on me as a result of violating these rules.

Parent: By signing this Code of Conduct, I acknowledge that I have read the above Code, will assist in the enforcement of this Code, and will abide by any disciplinary action taken against my child as a result of violating the Code.

X _____	_____	_____
Student's Signature	Date	Teacher/Grade
X _____	_____	
Parents Signature	Date	