

St. Ann School  
324 N. Harrison St.  
Stoughton, WI 53589  
stanns@stanns-school.org  
(608) 873-3343

Dear Parents,

Your child is eligible to participate in an activity sponsored by St. Ann School. This activity will take place under the supervision and guidance of employees and chaperones from St. Ann's. A brief description of the activity is as follows:

**NAME OF EVENT: Youth Frontier Retreat for Grade 7**

**DESTINATION: St. Maria Goretti, 5405 Flad Ave., Madison, WI**

**DESIGNATED SUPERVISOR OF ACTIVITY: Mrs. Roisum**

**DATE AND TIME OF DEPARTURE: Thursday, September 13 @ 8:15 a.m.**

**DATE AND TIME OF RETURN: Thursday, September 13 @ 2:45 p.m.**

**METHOD OF TRANSPORTATION: Volunteer Drivers**

**COST: \$20/student (Fee will be charged on FACTS.)**

**Please bring a sack lunch and a beverage (no soda).**

**Please bring an easy-to-eat snack for break time.**

**Dress Comfortably  
Kids will be sitting on the floor a lot (no skirts).**

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As a parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student/s.

I HEREBY REQUEST THAT MY CHILD \_\_\_\_\_ PARTICIPATES IN THE EVENT TO \_\_\_\_\_ ON \_\_\_\_\_  
I UNDERSTAND THAT THIS EVENT WILL TAKE PLACE AWAY FROM SCHOOL GROUNDS AND THAT MY CHILD WILL BE UNDER THE SUPERVISION OF FACULTY AND PARENT VOLUNTEERS ON THE STATED DATE, I CONSENT TO THE CONDITIONS STATED ABOVE FOR PARTICIPATION IN THIS EVENT, INCLUDING THE METHOD OF TRANSPORTATION.

Phone number where I can be reached on this date and time in case of emergency: \_\_\_\_\_

In the event of a medical emergency and we, (parents/guardians) cannot be reached immediately I give permission for St. Ann's staff to seek medical treatment for my child, \_\_\_\_\_.

Parent/Guardian Signature \_\_\_\_\_

If your Medical Insurance information has changed since August, please note the changes here:

\_\_\_\_\_ I am available to drive. \_\_\_\_\_ Number of students I can transport with seatbelts.  
(To chaperone you must have taken the Virtus Safe Environment/Protecting God's Children Session.)

Driver's Name \_\_\_\_\_ Phone \_\_\_\_\_

**Please return Permission Form to the school office  
no later than Friday, September 7, 2018.**