This table lists annual field trips that students of St. Anne School will be attending throughout the 2023-24 year by grade. By signing this release, you agree to allow your child to attend these scheduled events. If additional trips are scheduled during the year, a separate permission clause will be provided. Depending on the actual date and extenuating circumstances, it is possible some grades may not attend those indicated.

Most field trips are at no additional cost. Funds earned through Blujet Basketball concessions are used to pay costs associated with trips. (bus rental, bus driver pay, admission, etc.)

Field Trip Name/Place	Date	PK	K	1	2	3	4	5	6
Holy Field Trip/New Ulm Cathedral	October					х	х		
Marathon Day Walk	October	х	х	х	х	х	х	х	Х
Walking to Public School	Sep-May	х	х	х	х	х	х	х	х
Hacker's Tree Farm & Nursery/Sleepy Eye	November			х	х				
Imker Farm/Lamberton	Spring				х				
Children's Theater/MLC New Ulm	April		х	х	х	х			
St. Raphael/Springfield Theater	Spring		х	х	х	х			
Road Ditch Clean-up	September						х	х	х
Road Ditch Clean-up	May						х	х	Х
U of MN Outreach/Lamberton	September						х		
Lake Shetek Environmental Fair	September							х	Х
SMSU Planetarium	December		х	х	х	х	х	х	Х
MN Orchestra/MN Science Museum	October or March							х	Х
Skiing at Mount Kato	Jan. Feb. or March							х	х
Gilfillan Ag Day	May							х	
6th Grade Patrol Reward (TBA)	Мау								Х

## FIELD TRIP PARENTAL CONSENT FORM AND INDEMNITY AGREEMENT

Student/Participant Name		
Birth Date		
Student/Participant Name		
Birth Date		
Student/Participant Name		
Birth Date		
Student/Participant Name		
Birth Date		
Parent/Guardian Name		
Address		
Home Phone	Work Phone	
Cell Phone		
field trips are planned at no additional e supervision of students.	sted on the back side of this permission. Bu expense to the student. The classroom teach , grant permission for	her is responsible for the
Parent or Guardian Name		Child(ren) Name(s)
participation, I agree to indemnify the p against the parish/school/ Diocese of N child at the event/activity described abo the parish/school and the Diocese in de	ity and I warrant that my child is in good heat arish/school and the Diocese of New Ulm fro lew Ulm by myself, my child or others, that a ove. I also agree to pay reasonable attorney efense of such a claim/suit.  T: In the event of an emergency, I give perm	om any claims or law suits brought arises out of any behavior by my 's fees or expenses incurred by
hospital for medical treatment. I wish to	the event of an emergency, rigive performed by the proof of the advised prior to any further treatment by the chime at the above numbers, contact  Phone	y a doctor or hospital. In the even
OPTIONAL MEDICAL INFORMATION	: Medications my child is taking at present	
Family Health Plan Number	Family Doctor	Phone
Number		
As Parent or Guardian, I agree to all of	the above stated considerations and conditi	ions.
Date	delication of the second of th	Signature