



Church of St. Genevieve

7087 Goiffon Road · Centerville, Minnesota 55038 · (651) 429-7937
Faith Formation Center (651) 426-1818

Dear Parents and Guardians,

During this Easter season it is important to look for small ways to serve and share the light of Christ with others. While there are many ways to do this, St. Genevieve's Third thru Tenth grade youth will be taking a field trip to FEED MY STARVING CHILDREN where they will help to pack meals, to feed the hungry all over the world.

Feed My Starving Children is a Christian nonprofit organization that has developed a nutritious food product that it sends to the hungry and starving all over the world, whether it is the result of natural disaster or poverty, they are on the front lines. **We encourage the children to bring a small donation if they are able, although there is no requirement to do so**, this allows FMSC to provide even more meals for the hungry. Please prayerfully consider if you can help this organization in this way.

While this is an offsite activity it is a regularly scheduled class and your child should expect to attend unless they are ill, or have allergies to corn or soy products. A \$10.00 fee will be charged to cover the cost of the bus. No Child will be refused the opportunity to participate, please let us know if this is a difficulty for your family.

**ALL CLASSES 3rd thru 10th WILL BE GOING ON A BUS TO
FEED MY STARVING CHILDREN, LOCATED IN COON RAPIDS April 4, 2018**
DROP OFF will be at 5:00 PM at the Parish Community Center.
Bus must be loaded and ready to go at 5:15 PM.
PICK UP will be at 8:00 PM at the Parish Community Center.

Youth will be packing food bags from 6:00 to 7:30 PM, they will begin with a short educational video about the people who will be helped by the food bags that they pack, and they will have an opportunity to taste the food that they pack.

The site is FEED MY STARVING CHILDREN 93rd Avenue NW Coon Rapids MN 55433

Please make a note of the following:

- Youth must wear close toed shoes
- Youth must stay home in they are not feeling well or have any food allergies (soybeans, corn, rice)
- Youth who have had the flu or stomach upset within 24 hours of the event are not allowed to help pack food
- **A \$10.00 fee is being charged to pay the cost of the bus. If this is a hardship please let me know as no one will be refused the opportunity to participate for this reason.**
- **FEED MY STARVING CHILDREN has a ratio of 1 adult participant for every 4 youth participating for middle school youth and 1 adult to 3 youth ratio for grade 5 and under. Please consider attending this field trip with your child.**

Thank you for helping with this project. It is a great way for us to celebrate the Easter season by putting others first and sharing our many blessings with those who struggle just to find enough to eat.

*Little children let us love, not in word, or speech,
but in truth and action.*

1 John 3:18

Sincerely,

Director of Faith Formation
651.235.8627 vjnoll@stgens.org

Primary Coordinator
651.426.1818 mwrobel@stgens.org

Church of St. Genevieve
Feed My Starving Children Field Trip - April 4, 2018
**PLEASE RETURN PERMISSION FORM TO ST. GENEVIEVE
ON OR BEFORE April 4, 2018**

DROP OFF will be at 5:00 PM at the Parish Community Center.
Bus must be loaded and ready to go at 5:15 PM.
PICK UP will be at 8:00 PM at the Parish Community Center.

Name of Participant: _____ Age: _____ Grade: _____
Parents/Guardian Name: _____
Home Address: _____
Phone Number _____ Cell Number _____



EMERGENCY MEDICAL TREATMENT: In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I agree to allow my child to receive emergency medical treatment at my expense at the discretion of the event sponsor. I wish to be advised to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me at the above numbers, contact:

_____	_____	_____
<i>Name</i>	<i>Relationship</i>	<i>Telephone Number</i>

HEALTH INFORMATION:
Medication my child is taking at present: _____
For headache or minor pain, my child may be given _____ Allergies _____
Other Medical Conditions _____
Insurance Company _____ Plan Number _____
Family Clinic / Doctor Name and Phone Number _____

I, _____, GIVE PERMISSION FOR _____
Parent or Guardian Name *Child's Name*

TO PARTICIPATE IN THE ABOVE - DESCRIBED EVENT. I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify the Church of St. Genevieve, and the Archdiocese of St. Paul / Minneapolis from any claims or law suits brought 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 Church of St. Genevieve and the Archdiocese of St. Paul / Minneapolis in defense of such a claim/suit.

I agree that I am responsible for my child's conduct and actions. The event sponsor is not responsible for any injury or damage incurred or caused by my child. I understand that my child is required to comply with the Code of Conduct provided by the parish/school while participating in the event. I understand that if my child violates the Code of Conduct he/she may be required to be transported home at my expense.

Parent/Guardian Signature _____ Date _____