



# PROVIDENCE ACADEMY

®

## CONVENT RETREAT FIELD TRIP CONSENT FORM

Participant's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*I hereby request that my son/daughter, as named above, be allowed to participate in the trip to **Mother of Divine Providence Convent, 15045 52nd Ave N, Plymouth, MN, 55446.** I also authorize the school to seek emergency medical treatment on behalf of my child should the need arise, and I understand that every effort will be made to contact me in the event of such an emergency.*

*As parent/guardian, I agree to all of the above stated considerations and conditions.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Please return the top part of this form to Sister Amelia.**



-----Keep this information at home for your parents-----

**Who:** The first 10 US students to sign up.

**Where:** Mother of Divine Providence Convent, 15045 52nd Ave. N, Plymouth, MN 55446

**When:** Friday, November 7, 2025

**Time:** 10am - 1pm

**Please note: Transportation is not provided.**