

ST. GEORGE CATHOLIC CHURCH YOUTH FAITH FORMATION

2016-2017 School Year Permission Form

Child's Full Name _____ (Grade Entering) _____ D.O.B. _____

Health Concerns/Allergies _____

Child's Full Name _____ (Grade Entering) _____ D.O.B. _____

Health Concerns/Allergies _____

Child's Full Name _____ (Grade Entering) _____ D.O.B. _____

Health Concerns/Allergies _____

Mother's Full Name _____ Contact Numbers: _____

Father's Full Name _____ Contact Numbers: _____

UPDATE office with any change in address.

In case your child is ill or injured and we are unable to contact you, please provide the name of at least one relative or friend whom we may call:

Emergency Contact # 1: _____ Relationship to child: _____

Emergency Phone: _____

Emergency Contact # 2: _____ Relationship to child: _____

Emergency Phone: _____

Initial all that apply and sign:

_____ EMERGENCY MEDICAL TREATMENT: I hereby authorize the staff of St. George Catholic Church to act for me according to their best judgment in an emergency situation requiring medical attention. I give permission for my child to be transported to the nearest medical facility to receive medical treatment in the event that I cannot be immediately contacted.

_____ I give permission for my child/children to walk to other parish buildings/ground during the course of their religious education classes. I understand that my child will be accompanied by a Religious Education volunteer during any of these outings.

_____ I give permission **for authorized staff to photograph** my child/children participating in religious education activities.

_____ I have received the YFF Handbook outlining the procedures of our program. (Located on the church website at <http://www.saintgeorgeromancatholicchurch.org/religiouseducation.html> or at Religious Education office.)

Date

Parent / Guardian Signature