

ST. GEORGE YOUTH FAITH FORMATION
Permission Forms for 2010-2011 School Year

Please complete one form for each child enrolled in the program.

I hereby give permission for my child _____
(Child's Full Name) (Age)

to walk to other parish buildings/grounds 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.

_____ (Parent's Signature) _____ (Date)

_____ (Parent's Printed Name)

I give / do not give my permission **for authorized staff to photograph** my child participating in religious education activities.

_____ (Parent's Signature) _____ (Date)

_____ (Parent's Printed Name)

Emergency Card for the 2010-2011 School Year

Please Print:

Parent's Name _____ Home Phone: _____

Cell Phone: _____ E-mail: _____

Health Concerns/allergies: _____

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

Emergency Contact: _____ Relationship to child: _____

Emergency Phone: _____

EMERGENCY MEDICAL TREATMENT: I hereby authorize the staff of St. George 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.

Parent / Guardian Signature Date

Policy Contact for 2010-2011 School Year

I have read the Religious Education Handbook and have taken the time to explain the policies to my child. We understand that we are required to adhere to the policies in this handbook.

_____ (Parent's Signature) _____ (Date)

_____ (Student's Signature) _____ (Date)

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