



St. Francis of Assisi Catholic Church  
Faith Formation Program 2018-2019  
**Parent Consent, Legal Liability Waiver**  
**And Promotional Release Form**

1. Child's Name: \_\_\_\_\_ 2. Child's Name: \_\_\_\_\_  
2. Child's Name: \_\_\_\_\_ 4. Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

I hereby grant permission and consent to my minor child(ren) named above to participate in the faith formation program at St. Francis of Assisi Catholic Church. I understand that the faith formation program involves weekly classes in which the tenants and doctrine of Roman Catholic faith will be taught and discussed. Classes will include other children and will be facilitated by adult or teen volunteers and/or parish staff. During one or more of the classes during the year children will be given special "Safe Environment" Training mandated by the Archdiocese of San Antonio. This training may include the "Yellow Dino" Program or the "Child Lures" Program. The faith formation program may also include periodic special sessions for children and parents as the published schedule dictates. If my child(ren) is/are preparing for the reception of a sacrament, there will be special sessions that my child(ren) and his or her parents will be required to attend. These sessions will be noted in the schedule.

As the parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named minor child(ren). I agree on behalf of myself, my child(ren) named herein, our heirs, successors and assigns to hold harmless and defend St. Francis of Assisi Catholic Church, its officers, directors, volunteers and agents, and the Archdiocese of San Antonio from any and all liability for illness, injury or death arising from or in connection with my child(ren) attending the above named program and I agree to compensate the parish, its officers, directors and agents and the Archdiocese of San Antonio, or representative associated with the event for reasonable attorneys fees and expenses arising in connection therewith, unless such claim arises from the negligence of the parish or of the Archdiocese.

**Promotional Release**

I consent to the use by St. Francis of Assisi Catholic Church and the Archdiocese of San Antonio of any video tapes, photographs, or any other visual or audio reproduction in which I and or my minor child(ren) may appear in the parish presentations, parish bulletin or publications, or the parish website. I understand these materials are being used for promotion of the faith formation and youth ministry of St. Francis of Assisi Catholic Church or the Archdiocese of San Antonio. Such promotional activities extend to recruitment, fund-raising, advocacy, etc. I release the staff and volunteers of St. Francis of Assisi Church and the Archdiocese of San Antonio from any liability connected with the use of my and/or my minor child(ren)'s picture or voice recording as part of any of the above or similar activities.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICAL CONSENT AND PERMISSION TO TREAT**

To the best of my knowledge, my child(ren) is/are in good health, and I assume all responsibility for the health of my

**Minor Child 1:** \_\_\_\_\_ **Child's Birthdate:** \_\_\_\_\_  
**Minor Child 2:** \_\_\_\_\_ **Child's Birthdate:** \_\_\_\_\_  
**Minor Child 3:** \_\_\_\_\_ **Child's Birthdate:** \_\_\_\_\_  
**Minor Child 4:** \_\_\_\_\_ **Child's Birthdate:** \_\_\_\_\_

**Emergency Medical Treatment:** In the event of an emergency, I hereby grant permission to transport my child to a hospital for emergency medical treatment.      **Yes**      **No**  
I wish to be advised prior to any further treatment by the hospital or doctor. **Yes**      **No**     

**Parent/Guardian's Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Cell Phone:** (\_\_\_\_) \_\_\_\_\_ **Home Phone:** (\_\_\_\_) \_\_\_\_\_

**If you are unable to reach me, please contact:**

**Name:** \_\_\_\_\_ **Relationship to me or my child:** \_\_\_\_\_  
**Cell Phone:** \_\_\_\_\_

**Please include a photocopy of your Insurance Card (front and back)**

**Family Doctor:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
**Insurance Carrier:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Policy# :** \_\_\_\_\_  
**Insurance Holder Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

1. I hereby grant permission for volunteers to treat minor cuts, scrapes and bumps as necessary with antibiotic ointment, bandages and ice:      **Yes**      **No**
2. My child is allergic to the following medications, foods, plants, insects, etc. (Please specify which child): \_\_\_\_\_  
\_\_\_\_\_
3. My child(ren)'s immunizations are current and up to date:      **Yes**      **No**
4. My child(ren)'s last tetanus/diphtheria immunization: **Date:** \_\_\_\_\_.
5. My child(ren) has/have the following medical or physical limitations (Please specify which child): \_\_\_\_\_  
\_\_\_\_\_

**Faith Formation Discipline Policy**

**It is our desire that Faith Formation will be a safe, friendly and nurturing environment for all of its participants. Any behavior that is deemed inappropriate or dangerous will not be tolerated. Children in Faith Formation will be given a verbal warning to stop their inappropriate behavior and will be redirected in a positive manner. If the negative behavior continues, the parent will be notified either by phone or in person and will be asked to assist the catechist and Faith Formation staff in handling the situation. If negative behavior continues the parent will be asked to attend class with their child to help manage their child's behavior. Enforcement of this policy will be at the discretion of the Faith Formation Staff.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

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