

PARENTAL RESPONSE/CONSENT/LIABILITY RELEASE:

_____ Yes, I consent to my child attending and participating in all activities of the St. John's Religious Ed Program.

The undersigned parent/guardian hereby consents to the rendering of emergency attention to the above named child, if the parent/guardian cannot be contacted for whatever reason. This consent extends to and is given to physicians, hospital or emergency personnel, or other attending health care providers. I understand all reasonable safety precautions will be taken, at all times, by the Catholic Diocese of Wichita and St. John's Parish and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Catholic Diocese of Wichita, St. John's Parish, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the child listed on this form.

Name of Family Physician _____ Phone # _____

Insurance Company & ID # _____ Preferred Hospital _____

Allergies/Medical Conditions/Medications, etc.: _____

List a person other than yourself (parent/guardian) who can be contacted in case of an emergency. You are also giving this person permission to pick up a child, if he/she becomes ill or otherwise.

Name _____ Relationship _____

Address _____ Phone # _____

Signature of Parent/Guardian _____ **Date** _____

PHOTOGRAPH AND VIDEO CONSENT FORM:

From time to time, pictures and video may be taken of faith formation events and gatherings. We would like to be able to use these photographs and videos for flyers, parish and diocesan publications, and the ministry website. Written consent of both the student and parent/guardian is required. Names will not be posted unless written authorization is given by the student and parent/guardian, and then only first names will be used. If there are concerns about pictures or videos posted on the website, please contact the ministry coordinator or webmaster, and they will promptly be removed.

I/We, the parent(s)/guardian(s) of this youth (name) _____, authorize and give full consent, without limitation or reservation, to St. John's Clonmel, to publish any photograph or video in which the above named student appears while participating in any program associated with St. John's Clonmel catechesis/ministry. There will be no compensation for use of any photograph or video at the time of publication or in the future.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

OFFICE USE ONLY

CCD BOOK AND MATERIAL FEE: \$20.00 PER CHILD (\$35.00 max. per family)

Date Material Fee Paid: _____ Amount: _____ Check #: _____ Cash: _____