

**St. Joseph's ~ St. Paul's Faith Formation 2018-2019**

**Medical Consent and Release**

*Please print and fill out **ONE** form for **EACH** child*

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_, authorize the employees, representatives and chaperones of St. Joseph's Church ~ St. Paul's Mission to obtain emergency medical treatment, should it be necessary, during my child's attendance and participation in Faith Formation Program for the 2018- 2019 year.

**Child's Physician's name & phone number:** \_\_\_\_\_.

**Child's Dentist's name & phone number:** \_\_\_\_\_.

**Allergies or other medical conditions:** \_\_\_\_\_.

I understand that I will be notified immediately at the numbers listed below should it become necessary to obtain emergency treatment.

<b>Parent's/Guardian's Name</b>	<b>Home #</b>	
	<b>Cell #</b>	
<b>Parent's/Guardian's Name</b>	<b>Home #</b>	
	<b>Cell #</b>	

In case of an emergency and a *parent/guardian cannot be reached*, contact:

<b>Name</b>	<b>Relation:</b>	
	<b>Phone #</b>	
<b>Name</b>	<b>Relation:</b>	
	<b>Phone #</b>	

I consent and give permission for my child's participation in St. Joseph's ~ St. Paul's Faith Formation. I hereby, for myself, my heirs, executors, administrators and assigns, waive and release any and all claims for damages I may have against St. Joseph's Church ~ St. Paul's Mission, The Roman Catholic Diocese of Albany, New York, their representatives, chaperones, employees, successors and assigns arising out of any and all injuries by my child while in participation in this program.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

**Release from Sessions**

I authorize the following people to pick up this child from Faith Formation sessions at St. Joseph's Church ~ St. Paul's Mission. Children will not be allowed to go home with anyone other than a parent/guardian without written permission. Please plan accordingly.

<u>Name</u>	<u>Phone #</u>	<u>Relation to child</u>
1.		
2.		
3.		

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**Permission for Photographs/ Videotapes/Films**

**Please print and fill out ONE form for EACH child**

I hereby authorize and give my consent for the taking of pictures (moving or still) of my child,

\_\_\_\_\_, and further give my permission for their reproduction for:

1. Teaching purposes
2. News release
3. Publication
4. Community awareness programs

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

*This space may be used to state any restrictions you may have on the above.*

## St. Joseph's ~ St. Paul's Faith Formation 2018-2019

### A Safe Environment for Everyone

Please print and fill out **ONE** form for **EACH** child

Students' Name: \_\_\_\_\_.

Our Catholic tradition has always affirmed the dignity of the human person as created in the image and likeness of God. Every person with whom we come in contact deserves to be seen by us with the eyes of God. We know that ministry with children and youth, in particular, is a sacred trust. We, at St. Joseph's Church ~ St. Paul's Mission, are committed to preserve, at all times and in all places, this sacred trust which is rooted in our faith in Jesus Christ.

In 2002, the United States Bishops approved The Charter for the Protection of Children and Young People in an effort to protect children and youth from sexual abuse at all levels of church life and to restore trust in a Church scarred by the scandal of clergy sexual abuse. Article 12 of the charter directs all dioceses to create programs and processes to teach children and youth about sexual abuse and its prevention. In the diocese of Albany, this training will take place in all parishes each year in age-appropriate ways.

This 20-minute Safe Environment Training will take place in Kindergarten through 10<sup>th</sup> grades during their weekly classroom session on October 14, 2018.

If you wish to opt your child out of this training, you will be required to send a letter stating your intentions to the Parish Office by October 1, 2018.

Please be aware that we will provide an alternative activity during that portion of the session for those students who are opted out. Students who are opted out will be placed in a separate room to watch a video or do an activity.

The material that will be presented to the students is available for your review. Please call Margie Carroll at 518-698-9000 to view the material or if you have questions or concerns.

I have read the above notice of Safe Environment Training for St. Joseph's ~ St. Paul's students in Kindergarten through 10<sup>th</sup> grades.

I will notify the parish in writing by October 1, 2018 if I wish to opt my child out of this training.

Parent/Guardian's signature: \_\_\_\_\_ . Date \_\_\_\_\_ .