St. Joseph's ~ St. Paul's Faith Formation 2025-2026

Medical Consent and Release

Please 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 2025– 2026 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.

Parent's/Guardian's Name	**Home #**	
	Cell #	
Parent's/Guardian's Name	**Home #**	
	Cell #	

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

Name	**Relation:**	
	Phone #	
Name	**Relation:**	
	Phone #	

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.

Name	Phone #	Relation to child
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 2025-2026

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.

Since June of 2002 the Diocese of Albany has faithfully followed and implemented the guidance of the Charter for the Protection of Children and Young People of the United States Conference of Catholic Bishops. The past 18 years have provided both many challenges and positive innovations as we continue to ensure that all of our ministries and programs focused on children and youth and the vulnerable are safe.

For the past year in collaboration with the Office of Lay Ministry and Parish Faith Formation, and the Catholic Schools Office, and our diocesan curriculum task force, we have been exploring new and updated options for children and youth training. Based on that research we have decided to adopt the Circle of Grace Safe Environment Program for all parishes and schools' grades k-12. This program can be adopted easily into existing catechetical programs, is faith based, and provides multiple options for each grade level. Included in the program are multiple resources for parents and families. The resources and materials are free to our parishes and schools. This program is diocesan-wide and replaces all existing Safe Environment training for children and youth.

Training for our children and youth will take place during class time on
Sunday, October 19, 2025

If for some reason 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 12, 2025.

Please be aware that we will provide an alternative activity during that portion of the session for those students who opted out. Students who opt 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 contact Cindy Sharpe 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 18 years of age.
I will notify the parish in writing by October 12, 2025, if I wish to opt my child out of this training.

Parent/Guardian's signature: _____. Date_____.