



St. Paul Catholic Church

Parental Consent, Photo Release, & Medical Release Form

This form must be completed prior to children starting classes for the 2017-18 school year.

I, _____, am the parent/guardian of the child/ children listed below who are enrolled in the Religious Ed/Youth Ministry Program at St. Paul Catholic Church. By initialing and signing below I am affirming that:

_____ I permit my child to participate in all activities offered at St. Paul Catholic Church during regular religious education and youth group times throughout the school year.

_____ As part of our religious education and youth group activities, photographs and videos may be taken of children as they participate in the classroom and parish events. In any use of these images, names and other personal information will NOT be identified, unless first discussed with me. I authorize St. Paul to publish photos that my child/children may appear in via parish and diocesan print and web based media.

_____ I assume responsibility for the health of my child/children. In the event of an emergency, and I cannot be reached in a timely fashion, I hereby give permission to have my child /children transported to a hospital for emergency medical treatment. This permission is given for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Child's Name

Child's Name

Child's Name

Child's Name

Signed: _____ Date: _____