

Parental Authorization Form
Faith Formation Program 2023-2024
Church of the Resurrection and St. Michael



Form B

Students check appropriate choice regarding registration form:

- Pre-printed Registration is OK Corrected registration form will be returned.
 Updated My Own Church New Form A
 I have a child in 2nd or 10th grade that I would also like registered for sacramental preparation.

Student(s) first and last names: _____, _____, _____

Parental/Guardian Consent and Liability for Minors

I, _____, grant permission for my child(ren) noted above to participate in this
Parent/Guardian's name
Faith Formation Program. This activity will take place under the guidance and direction of diocesan/parish employees and/or volunteers from Church of the Resurrection and St. Michael Church.

The undersigned parent of my child(ren) noted above, a minor, hereby releases and agrees to hold harmless the Parishes of St. Michael and Resurrection or any of its directors, employees, volunteers, or persons connected with the Faith Formation Program from liability, claims or damages for personal injury, property loss or other damage.

Initials of Parent/Guardian: _____ Date: _____

Authorization for Medical Treatment

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment at my expense. I wish to be advised prior to any further treatment by the hospital or doctor. In the event that you are unable to reach me at the numbers given in the Family Form, please contact the emergency contact listed there as well.

Insurance Company: _____

Policy #: _____

Initials of Parent/Guardian: _____ Date: _____

Special Health or Educational Needs

Please list any health, physical, or educational needs your child(ren) may have (e.g. Learning Disabilities, IEP):

- 1) _____
- 2) _____
- 3) _____

Permission to Use Participant Photos

You have my permission to use said participant's photos for publication purposes (ex: sharing events from the Faith Formation Program on our website, etc.) No names will appear with the photos.

Parent/Guardian Initials: _____ Date: _____

I hereby certify that all the statements on this form are true and accurate to the best of my knowledge and valid until the 31st day of May 2024.

Signature of Parent/Guardian: Please type name _____ Date: _____