

Faith Formation Permission Form

For online registrations. Must be signed by parent/guardian by the first day of faith formation session.



I, _____ parent/legal guardian of _____, give permission for him/her to

participate in all formation activities from September 2020 through June 2021, either on-site at 5205 Upland Road, Camarillo, CA or any off-site location that may be scheduled for related activities. By initialing below I acknowledge that I understand and am in agreement with the following:

The above named child/teen is in good health and is physically able to participate in all formation activities unless otherwise noted on the Medical Form.

I give permission for my child/teen to be photographed during regular activities. I give permission for the use of my child/teen image, voice and/or work may be used in print material, social media and/or on our parish website. I understand that photos of underage persons will not include their names.

I understand my child/teen will participate in "Empowering God's Children", a curriculum requirement by the Archdiocese of Los Angeles. This session will be explained at the age-appropriate levels, to safeguard the children, giving them tools to prevent child sexual abuse. I am encouraged to attend the session and upon request, will be given information to assist with this conversation at home. I can find an overview at lacatholics.org/empowering-gods-children

I am responsible for reading and I agree to follow the procedures in the Padre Serra Parish Faith Formation parent handout, Policy Matters. I understand it is my responsibility to review the information with my child/teen. Find the Parent Handout at www.padreserra.org/registration

My child/teen may travel to such location(s) via commercial transportation, or parent drivers. I understand that I will be notified of the dates and times of any off-site trips prior to the activity. (Not applicable for Spark! or Little Church)

I will be responsible for dropping-off and picking-up my child/teen from Faith Formation. In addition to myself, my child/teen may be dropped off and/or picked up only by the individual(s) listed below:

Name: _____ Phone: _____ Relationship _____

Name: _____ Phone: _____ Relationship _____

The undersigned hereby agrees to release Padre Serra Parish, agents, and staff of any and all liability, responsibility and damages whatsoever associated with any injury sustained during formation activities. All information on this form is confidential and used only as needed.

Print Parent/Guardian Name

Parent/Guardian Signature/Date

For Office Use			
Date Rec'd _____	Cash Receipt # _____	Amt. \$ _____	
Rec'd By _____	Debit or Credit: Visa MC AMEX	Amt. \$ _____	
Priority # _____	Check # _____	Amt. \$ _____	



Medical Release Form

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Child/teen Name: _____

Date of Birth _____ Age _____ Grade _____

Please list any medical condition, allergies and/or injuries in the past year: _____

A physician is treating my child/teen currently for any of the above no / yes, explain:

Please list special needs, disabilities, or behavioral issues, IEP or 504 of child/teen:

List current medication(s) and purpose: _____

Name of child/teen's physician: _____ Phone #: _____

Insurance carrier: _____ Policy#: _____ ID#: _____

In the event of a medical emergency during a Faith Formation gathering, I can be reached at the following phone number(s) _____.

Should you not be able to contact me at this number(s), I hereby give the staff of Padre Serra Parish Faith Formation permission to authorize ambulance transportation, medical treatment and/or hospital care for my child/teen.

In the event of an emergency when a parent cannot be reached, please call:

Name: _____

Name: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____

Parent/Guardian Name (Please print CLEARLY)

Parent Signature/Date