

Faith Formation Permission Form



I, _____ parent/legal guardian of _____, give permission for him/her to participate in all formation activities from September 2022 through June 2023, either on-site at 5205 Upland Road, Camarillo, CA or any off-site location that may be scheduled for related activities.

Initials

- 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 age-appropriate levels, to safeguard the children, giving them tools to prevent child sexual abuse. I understand I am encouraged to attend and upon request will be given information to assist with this conversation at home.
- I understand that I am responsible for reading and agreeing to follow the procedures in the Padre Serra Parish Faith Formation parent handout, Policy Matters, discussed at the parent meeting in September, whether or not I attended the meeting. I understand it is my responsibility to review the information with my child/teen.
- (*For Teen's only) 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)

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

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: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Parent/Guardian Name (Please print CLEARLY)

Parent Signature / Date