**ARCHDIOCESE OF SAN FRANCISCO: Parental Permission Form**

**ACTIVITY: *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Church)Faith Formation Program***

Child/ren’s Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the parent or guardian of the above-named child/ren, hereby gives my permission for her/his participation in the activity named above. I agree to direct my child/ren to cooperate and conform to the directions and instructions of the \_\_\_\_\_\_\_\_\_\_\_\_(Church) Faith Formation volunteers and parish personnel responsible for the activity. I agree to the extent permitted by law, that in the event my child/ren is injured as a result of her/his participation in the above named activity, including but not limited to transportation to and from the activity, whether or not caused by the negligence (active or passive) of the parish/school or Archdiocesan youth activities program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident, hospital or medical insurance, or any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child/ren which would render it inappropriate for her/him to participate in any such activity. I hereby give permission to the physician selected by the youth activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

PLEASE LIST THREE PERSONS, OTHER THAN PARENTS, TO NOTIFY IN CASE OF EMERGENCY AND WHO ARE AUTHORIZED TO PICK-UP YOUR CHILD/REN IN CASE OF AN EMERGENCY/DISASTER. (NOTE: YOUR CHILD/REN WILL ONLY BE RELEASED TO SOMEONE WHOSE NAME APPEARS ON THIS LIST). **ALL THREE LINES ARE REQUIRED**:

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Printed Name of Parent/Guardian Date

Please note any medical information or special learning needs you would like us and your child/ren’s teacher to know about your child/ren. (for example: food allergies, asthma, medications, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_