



Sacred Heart Faith Formation Classes 2022-2023

Registration and Medical Information and Emergency Release Form

Please fill out a **SEPARATE FORM** for each child



Child's Name:		Date of Birth:		Grade:	
Parent's Name:		Phone Number:			
Parent's Name:		Phone Number:			
Address:					
E-mail Address:					

Please list at least one emergency contact other than parent:

Name:		Relationship:		Phone:	
Name:		Relationship:		Phone:	
Physician's Name:				Phone:	

Please list any allergies, medical or behavioral conditions, dietary restrictions, etc....)

Special Considerations:	

If there are any special custody arrangements, please indicate this below:

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Parental/Guardian Consent: I fully understand that my child must abide by all rules governing conduct and safety while attending Sacred Heart's Parish School of Religion Faith Formation Classes.

During Faith Formation Classes your child may be participating in both outdoor and indoor activities. These activities may include water, running, exertion, games, crafts (may use hot glue gun/scissors), Bible lessons, and having snacks. Your child will also be participating in two VIRTUS Safety training classes during the Faith Formation Classes. These lessons will talk about age-appropriate topics related to safety with adults/children, warning signs of abuse, trust with safe adults, bullying, and internet safety. I, the parent or guardian, certify that the underlying child is able to participate in any and all of these activities. I understand and hereby agree to assume all the risk which may be encountered on said activities, including activities preliminary and subsequent thereto. I do, for myself and for my child, hereby irrevocably and unconditionally release, acquit, and forever discharge Sacred Heart Church and its agents, employees and volunteers from any and all liabilities, actions, causes or actions, claims, expenses, obligations, and damages of any nature whatsoever, which I now have or which may arise in the future, in connection with the child listed above's participation in the described activity or in any other associated activities including, but not limited to, any injury to the child or children or property. I give my child permission to attend Sacred Heart's Parish School of Religion Faith Formation Classes 2021-2022. In case of medical emergency, I, the parent/guardian of my child, named on this registration form, give permission to Sacred Heart Church to obtain all necessary medical care prescribed by the nearest emergency room/walk-in clinic. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

Parent/Guardian Signature _____

Parent/Guardian Name (printed): _____ Date: _____

"LET THE LITTLE CHILDREN COME TO ME,
AND DO NOT HINDER THEM,
FOR THE KINGDOM OF HEAVEN BELONGS TO SUCH AS THESE."
MATTHEW 19:14



Parent/Guardian Media Consent and Release Form

Dear Parent/Guardian,

By completing and signing this Parental Media Consent and Disclaimer Form, it is understood that, as part of catechesis and education in parishes and schools, my child/student may participate in live and/or recorded electronic communications and activities, such as group email, group text messages, social media and/or audio or video conferencing (using only the specific platforms designated below).

These activities and images may be recorded and included on the official website of the Diocese, Parish or School or in social media publications, materials and campaigns, as well as in other media initiatives (e.g. print or electronic news media, newsletters, websites, fundraising, advocacy and development efforts, grant applications, and video, PowerPoint, or other electronic or communication media presentations), only in compliance with the Policy and Guidelines for the Use of Technology, Email, and Social Media and other related policies, without compensation to the child or parent/guardian.

Photographs, video conferences and recordings, social media messages, and other print and electronic media may be available for an indeterminate period of time, unless otherwise noted: _____

and restricted to specific groups of people: and, for a specific purpose: _____

Parents/guardians who have completed and meet the Safe Environment, Training, and Background Research requirements, and have submitted the current Adult Code of Conduct to the Parish/School Safe Environment Coordinator may request to participate in videoconferencing/audio conferencing sessions involving their child. Parents/guardians may, at any time, request copies of materials sent to their child in connection with electronic communications.

I understand that, due to the nature of electronic communication platforms and the media, confidentiality and/or protection against unauthorized dissemination cannot be guaranteed.

I understand that any photograph, audio or video recording will be used only by the Diocese, Parish or School in a legal manner and that at no time will my child be represented in an unethical manner.

I certify that I am aware of, understand and agree to comply with the Policy and Guidelines for the Use of Technology, Email and Social Media: <https://dioscg.org/wp-content/uploads/Policy-and-Guidelines-for-the-Use-of-Tech-Email-Soc.-Media.2021.pdf>

I understand that unauthorized (one-to-one) personal conversations between diocesan staff and minors are a violation of the Policy and Guidelines for the Use of Technology, Email and Social Media, and that I may report any concerns or violations to the Diocesan Office of Communications, Media and Publications, the Diocesan Office for the Protection of Children and Youth, Law Enforcement, or the Missouri Child Abuse and Neglect Hotline 800-392-3738 or 844-CAN-TELL.

This Consent and Discharge Form is effective for the current academic year, beginning July 1 and ending June 30 of the following year, and may be revoked by the parent/guardian at any time upon written notice.

Child/Student Name:				Date of Birth:			
Parish/School/Group and Place:		Sacred Heart Catholic Church and Faith Formation Classes, Bolivar, MO					
Permission is granted for these contact preferences (initial and full):							
Initials		Group Emails for Parent/Guardian:			Initials		Child:
Initials		Group Text Messages for Parent/Guardian:			Initials		Child:
Initials		Video or audio conferencing platform					
Designated social media platform: ___ Facebook ___ Twitter ___ Instagram ___ YouTube ___							
Initials		NO, I do not consent to my child being contacted by any means of electronic communication.					
Parent/Guardian Name (print):				Phone number:			
Parent Guardian Signature:				Date:			