

St. Columba Catholic Church  
Office of Faith Formation  
Parental Consent Form

This form must be completed and returned to the Office of Faith Formation before the Faith Formation Program begins on August 23<sup>rd</sup>. We are not allowed child to admit children unless a completed Parental Consent form and a Medical Release form are on file. Thank you for your cooperation in promptly completing and returning this form.

I, \_\_\_\_\_, am the parent/guardian of the following children enrolled in the Faith Formation, Hispanic Ministry, and Youth Ministry Programs at St. Columba Catholic Church.

Children's full names:	Grade 2017-2018
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand that I am required to read the policies and rules listed in the Policy and Procedures (including the policy regarding cell phone use), which will be distributed by August 2017. By enrolling the children of my family/guardianship in the St. Columba Catholic Church Faith Formation and Youth Ministry Programs for the 2017-2018 year, which is from August 1, 2017 through the end of July 30, 2018, I consent to abide by the policies stated in the handbook. I understand that failure to comply with this policy could bring about disciplinary actions including, in extreme cases, dismissal of my child from the faith formation program.

I understand that I am responsible for sharing the rules, regulations and other important information in this handbook with my child.

I permit my child to participate in all activities offered on St. Columba grounds during normal Faith Formation & Youth Ministry times throughout August 2017-July 2018.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent / Guardian

At St. Columba we use a variety of methods to communicate with parents and youth. We use the methods listed below, please put an X by the ones that you approve for us to use according to the policies of the Archdiocese of Mobile.

\_\_\_\_ Facebook \_\_\_\_ Email \_\_\_\_ U.S. Mail \_\_\_\_ Phone \_\_\_\_ Text Messages

Please put an X by the methods listed below that you approve for the use of images and pictures of your student that may be used at St. Columba according to the policies of the Archdiocese of Mobile.

\_\_\_\_ Bulletin Boards \_\_\_\_ Bulletin \_\_\_\_ The Catholic Week  
\_\_\_\_ The parish and youth website \_\_\_\_ Facebook (Closed Acct)

PLEASE COMPLETE BOTH SIDES OF THIS FORM

Please return this form to the Faith Formation Office by August 23, 2017

# Medical Release Form

**TO WHOM IT MAY CONCERN:**

As a parent and/or guardian, I do herewith authorize the treatment, by a qualified and licensed medical doctor, of the following minor(s) in the event of a medical emergency which, in the opinion of the attending physicians, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Minor \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Minor \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Minor \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Minor \_\_\_\_\_ Relationship \_\_\_\_\_

Name of Minor \_\_\_\_\_ Relationship \_\_\_\_\_

This release will be in effect from August 1, 2017 until July 30, 2018.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

\_\_\_\_\_  
Parent or legal guardian signature \_\_\_\_\_ Date

Address \_\_\_\_\_ Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_ Work phone \_\_\_\_\_

In the event of an emergency whom should we contact (other than parent)?

\_\_\_\_\_  
(Name) (Relationship) (Phone)

Specific food allergies, medical allergies, chronic illnesses, medications, physical or mental impairment or other conditions:

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

PLEASE COMPLETE BOTH SIDES OF THIS FORM