

**THE ARCHDIOCESE OF SAN FRANCISCO**

**PARENTAL PERMISSION FORM – one form for each child in the Religious Ed Program**

**ACTIVITY: St. Dunstan Religious Education/Faith Formation Program, classes on Tuesdays, between 4:00pm to 8:30pm depending on the particular class/Grade schedule for the student. Classes are from Aug. 22, 2023 until end of program in May 2024. Classes are done Face to Face in Classroom Learning to the extent possible.**

**CHILD'S NAME:** \_\_\_\_\_ **PARISH:** \_\_\_\_\_

**ADDRESS (Street, City, Zip)** \_\_\_\_\_  
\_\_\_\_\_ **CELL PHONE: (\_\_\_\_) \_\_\_\_\_**

**SCHOOL:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_\_

**PARENT/GUARDIAN'S NAME:** \_\_\_\_\_

**ADDRESS (Street, City, Zip)** \_\_\_\_\_

**CELL PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_**

**PERSON(S) (OTHER THAN PARENT/GUARDIAN) TO NOTIFY IN CASE OF EMERGENCY:**

**NAME:** \_\_\_\_\_ **PHONE: (\_\_\_\_) \_\_\_\_\_**

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I, the parent/guardian of the above-named child, hereby give my permission for his/her participation in the activity named above. I agree to direct my child to cooperate and conform with the directions and instructions of the parish, school, or Archdiocesan personnel responsible for the activity.

I agree, to the extent permitted by law, that in the event my child is injured as a result of his/her 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 which would render it inappropriate for him/her 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.

Further, I hereby waive any and all rights to, or compensation for, any photographs, videotapes, motion pictures, recordings, or any other record of this event or activity which may be made by the Archbishop/Parish/School/Agency and affiliate organizations.

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**PARENT/GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**OTHER PARENT/GUARDIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

*(While being sensitive to single-parent situations and possible embarrassment to the children, signature of both parents should be obtained when possible.)*

**Both sides of the form must be completed & signed.**

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