

**PARENT PERMISSION FORM 2017-2018**

This is to certify that my child (ren),

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ Grade \_\_\_\_\_

Has/have my consent to attend any and all activities and programs sponsored in coordination with the Good Shepherd Catholic Church Faith Formation Program for the calendar year 2017-2018.. I hereby release **Good Shepherd Catholic Church, the Religious Education/ Faith Formation Program**, and the **Archdiocese of San Antonio**, its various organizations and the activity sponsors from any liability for injuries or fatalities suffered by my child while he/she is under the supervision of the sponsors of these activities.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Name (please print) \_\_\_\_\_

Is she/he allergic to any type of medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please indicate which child & what medication \_\_\_\_\_

Is she/he presently taking any prescription medication over an extended period of time?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, indicate which child(ren) and what is the medication and what is it for?  
\_\_\_\_\_

Does your son/daughter have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, indicate which child(ren)  
And what the allergy is? \_\_\_\_\_

In case of accident, I hereby give my permission for any responsible adult to give emergency medical treatment to my son(s)/daughter(s).

\_\_\_\_\_  
Parent's Signature

Insurance Co. Name \_\_\_\_\_

Ins. Co. Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Identification #: \_\_\_\_\_

Group or Plan #: \_\_\_\_\_

***In case of emergency, and if I am not available, please notify:***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**I give permission for my son(s)/daughter's picture to be used on the website or other advertising for Good Shepherd Religious Education/Faith Formation Program.**

\_\_\_\_\_  
Parent's Signature