



**RELIGIOUS EDUCATION**  
SAINT DOMITILLA PARISH

**PERMISSIONS AND AUTHORIZATIONS**

I hereby give permission for my child \_\_\_\_\_ to participate in the St. Domitilla Religious Education Program. I understand that this may include some physical and outdoor activities. I hereby release and indemnify St. Domitilla Parish, its staff and volunteers, and the Catholic Bishop of Chicago, a corporation sole, from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in this program.

I hereby give permission for my child \_\_\_\_\_ to have a snack at break time, when available, while s/he is participating in Religious Education Classes or functions. These restrictions apply:

Parent/ Guardian Signature:	Date:

**EMERGENCY MEDICAL TREATMENT RELEASE**

MEDICAL TREATMENT AND INSURANCE INFORMATION			
Insurance Company:		Identification number:	
Policy Number:		Group ID number:	

I hereby authorize any reasonable and necessary medical treatment, administration of anesthesia, and surgical treatment(s) for my minor child \_\_\_\_\_ in the event of my absence, or when the hospital or physicians are unable to contact me. This authorization extends to any hospital, physicians, and nursing personnel on staff where treatment is rendered. I release from liability and waive all claims ( with the exception of liability and claims resulting from gross negligence or willful misconduct) against St. Domitilla Parish, church staff, church volunteers, the hospital, physicians, and nursing personnel for performing reasonable and necessary medical procedures in accordance with the authority of this consent for medical treatment.

Parent/ Guardian Signature:	Date:
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**AUTHORIZATION TO PUBLISH PICTURES AND ARTWORK**

I hereby grant permission to St. Domitilla Parish to publish pictures of me and/or my child \_\_\_\_\_ (and any artwork created during the course of the Religious Education program) on the church's website or in the church's publicity information, newsletters, or bulletins. NO NAMES WILL BE PUBLISHED ON THE WEBSITE. I understand that if I give notice to the webmaster that I object to any particular picture of me and/or my child, it will be removed as soon as possible. I understand that neither I nor any child in question will not be paid any royalties or other compensation for the publication of any pictures. I further state that I have the right to grant or refuse this permission as I am the child's parent or legal guardian.

Parent/ Guardian Signature:	Date:
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