

PARENT AUTHORIZATIONS 2026-2027

Child's Name _____ PSR grade _____

Child's Name _____ PSR grade _____

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Please read the following and respond as indicated:

EMERGENCY CONTACT INFORMATION

(needs to be someone local who can be contacted during class time if we are unable to contact the child's parents)

Name _____

Relationship to student _____

Cell phone # _____ Home phone # _____

Does your child know this person? **YES** or **NO**

If someone other than their parent will be picking up your child at dismissal, please provide their information:

1. Name _____

Relationship to student _____

Cell phone # _____ Does your child know this person? **YES** or **NO**

2. Name _____

Relationship to student _____

Cell phone # _____ Does your child know this person? **YES** or **NO**

My son/daughter is in _____ grade and will be driving to class on Sunday morning.

Student name _____

MEDIA RELEASE 2026-2027

During your child’s Religious Education class here at St. Theresa of Avila, sometimes photographs are taken for projects, activities, special occasions, etc. These photographs are often posted in our Church Bulletins, Church website or Facebook page. We need your permission to post your child’s/children’s picture on social media.

YES, photographs of my child/children, taken as part of our Youth Faith Formation, may be shared in our Church Bulletins, Church website or Facebook page.

NO, I do not give permission for my child’s/children’s photograph to be taken or to be shared on St. Theresa of Avila’s social media.

MEDICAL RELEASE

In case of emergency, while my child/children are attending Youth Faith Formation class, I hereby authorize my child/children to be treated by the YFF staff while I am being contacted. If they cannot reach either parent, the emergency contact person will be called. In a serious matter, 911 will be called so emergency personnel can provide immediate medical care.

Please provide emergency medical care on my behalf.

I do not want any action taken until I am reached.

CIRCLES OF GRACE

I understand that St. Theresa of Avila Youth Faith Formation is a full compliance safe environment community and conducts age specific safe environment training during classes in accordance with the Diocese of Baton Rouge policy. Last year, (2025-2026), this class was taught following the parent/student mass. This year we will present this material during regular class time.

I agree My child will not participate in Circles of Grace class.

CUSTODY ISSUES

We ask that you make or Mrs. Angela Tovar, aware of any custody issues that may exist. Neither your child nor our staff needs to be caught off guard with an unauthorized parent showing up to pickup their child.

I agree to contact them to discuss my situation (225) 647-6588

I prefer to keep this personal and accept responsibility for any issue that may occur.

I read the above statements and understand my responsibility as a parent. YES or NO

Parent’s Name (*please print*) _____

Parent’s Signature _____ Date _____