Beloved Disciple Catholic Parish

Church of the Beloved Disciple
Grove City, Pa

Church of St. Michael the Archangel
Emlenton, Pa

Faith Formation Confidential Release Form 2026-2027

This form must be completed & returned at registration or before classes begin for the student to be admitted to class for instruction. *Complete the front **and back** of the form. Permission forms for specific events will be sent out separately as needed. This form remains on record and is valid for one year.*

Photographic Images of Children and Youth

A release form must be sent out to parents when children are photographed for news, publicity, newsletter, brochures, etc. Initial permission is given here for my child to be photographed for program purposes, parish website and/or Facebook page, classroom projects, group pictures at liturgies, and parish religious education events.

My child(ren) may be photographed:

YES___ NO___ Parent(s)/Guardian initials_____

Medical Authorization

In the event an emergency injury or illness to our/my child(ren) during Religious Education, if the parents or the emergency contacts cannot be reached, we/I hereby give our/my permission to Beloved Disciple Catholic Parish (or supervising adult from parish) for the necessary emergency treatment to be given to our/my respective heirs, and our/my respective legal representatives, so hereby indemnify and hold harmless any employee or representative of Beloved Disciple Catholic Parish and the above named supervising adult(s) from the parish from any and all claims, demands and causes of action of whatever kind and nature for their actions taken pursuant to this authority. I/We agree that in case of injury to our/my child, we will apply our/my hospitalization and/or accident insurance toward the payment of the expenses **Parent(s)/Guardian initials_____**

Indemnification

I/We hereby release and save harmless Beloved Disciple Catholic Parish, their agents, successors, legal representatives and any and all of its employees from any and all liability for any and all harm arising to my/our son/daughter as a result of his/her participation in the Faith Formation Program.

Parent(s)/Guardian initials_____

Children's Safe Environment Inservice

All parish Religious Education programs are required by the US Bishops Conference to in-service their students every year for Safe Environment. Please check **one** *option below.* **My child(ren) can participate in the Safe Environment Video and discussion to be held during one Faith Formation session this religious education year:**

_____ I give permission for Beloved Disciple Parish to in-service my child(ren).

-OR-

_____ I will in-service my child(ren) at home with the information provided.

Signature Required: _____ Date: _____

On-Line Education

I give permission for my child(ren) to participate in on-line education sessions via Zoom or any other video conferencing platform, if necessary.

Signature Required: _____ Date: _____

Please complete both sides of this form

Student Health Alert: please fill out one box for each child, even if there are no health concerns.

2026/27
Student Name ______________________________________
Grade _______
Physical needs that impact learning:
____
____
Describe any identified learning needs:
____
____
ALLERGIES (food, medicine, or environmental):
____
____
Medications taken regularly:
____
____
Notes:

2026/27
Student Name ______________________________________
Grade _______
Physical needs that impact learning:
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____
Describe any identified learning needs:
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____
ALLERGIES (food, medicine, or environmental):
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____
Medications taken regularly:
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Notes:

2026/27
Student Name ______________________________________
Grade _______
Physical needs that impact learning:
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Describe any identified learning needs:
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ALLERGIES (food, medicine, or environmental):
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Medications taken regularly:
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Notes:

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Student Name ______________________________________
Grade _______
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Describe any identified learning needs:
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Medications taken regularly:
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Notes:

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Grade _______
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ALLERGIES (food, medicine, or environmental):
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Notes:

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Student Name ______________________________________
Grade _______
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