



## SAN SEBASTIAN CATHOLIC CHURCH

### Parent Pick-Up Release Form

To better ensure the safety of your child, we are asking that all parent/guardians fill out this Pick-Up Release Form. We realize that there may be times when someone other than yourself may have to pick up your child from Religious Education Class. Please complete this form at the bottom of the page and return it to Mickey Mickler.

If we do not know the person coming in to pick up your child, we will ask for a picture I.D. We still ask that if possible, call Mickey at 904-377-4749 to inform us that someone other than yourself, or someone listed below will be picking up your child.

Please return this form with your Registration Forms by September 8th.

**Please list ALL people, including yourself, who are allowed to pick up your child.  
If at any time, you need to make changes, please contact Mickey Mickler.**

	NAME	RELATIONSHIP TO CHILD
1		
2		
3		
4		
5		
6		
7		
<b>PRINT Student's Name:</b>		
<b>Date:</b>		
<b>Parent/Guardian Signature:</b>		

**San Sebastian Catholic Church**  
1112 State Road 16, St. Augustine, Florida 32084 904-824-6625

**Permission to Participate**

I request that my child, \_\_\_\_\_, be allowed to participate in the San Sebastian Catholic Church Religious Education/Sacramental Preparation Program(s). I grant permission for the Diocesan employees or volunteers to administer first aid and to seek emergency medical treatment in the event that such treatment is deemed necessary. I grant my permission to those administering medical treatment to do so. I release and hold harmless the Diocese of St. Augustine, Bishop Felipe J. Estévez, S.T.D., as Bishop of the Diocese of St. Augustine, a corporation sole, Bishop Felipe J. Estévez, S.T.D., individually, San Sebastian Church and employees and agents of said parties engaged in this particular event, their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property of the child, or death, caused by negligence or otherwise, while the child is engaged in the above-stated event. The undersigned expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this Agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

The undersigned parent, guardian, legal representative further acknowledges that he/she is authorized to enter this Agreement on behalf of the child, and the child's parents, personal representatives, assigns, heirs and next of kin.

\_\_\_\_\_  
Parent/Guardian/Representative Signature

\_\_\_\_\_  
Date

**Child Photography Release Form**

Without compensation, I hereby grant permission to the Catholic Diocese of St. Augustine to use and reproduce photographs and/or video taken of my child. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video, including livestream) and/or brochures. In addition, I grant my permission to alter the same photos without restriction and to copyright the same. I hereby release the photographer, the journalists and the publications or media outlets they represent, as well as, the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of St. Augustine and all of their employees and agents, from all claims and liability relating to said photographs.

Child's Name (Printed): \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Cell: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ I do not grant the above Photography release.

**YOUTH RELEASE OF LIABILITY AND MEDICAL INFORMATION**  
**Diocese of Saint Augustine**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

**MEDICAL MATTERS:** I hereby warrant that to the best of my knowledge, my child is in good health and I assume all responsibility for the health of my child.

(Of the following statements pertaining to medical matters, sign only in accordance with your wishes.)

**EMERGENCY MEDICAL TREATMENT:** In the event of an emergency, I hereby give permission to the Diocese of St. Augustine's employees, volunteers or representatives to seek medical treatment for my child above named.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Diocese of St. Augustine's representatives or volunteers to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for any child above named.

In the event of an emergency, if you are unable to reach me at the above number, contact:

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

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

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Health Plan Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I make the following exception: \_\_\_\_\_

My child's Medications/Dosages: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Doctor: \_\_\_\_\_

Medical Problem or Condition (allergies, diabetes): \_\_\_\_\_

Condition: \_\_\_\_\_ Symptoms \_\_\_\_\_

Physical Disabilities: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
and printed name

\_\_\_\_\_  
Date

**OTHER MEDICAL TREATMENT:** In the event it comes to the attention of the Diocese of St. Augustine volunteers or representatives that my child is injured to a minor degree (that I would treat at home) or becomes ill with symptoms such as headache, vomiting, sore throat, fever or diarrhea, I hereby give permission for over-the-counter medication to be administered to my child according to package directions. Write "NO" on the line below if you do not wish for medication to be applied or administered by diocesan representative.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
and printed name

\_\_\_\_\_  
Date

Parent/Guardian has added \_\_\_\_\_ has not added \_\_\_\_\_ health information on reverse of this form.  
OCF-Y-YA 2009



**DIOCESE OF  
St. Augustine**  
*Celebrating 150 Years  
So That They May All Be One*

## **Rights and Responsibilities of Parents and Guardians in Parish Faith Formation Programs**

This policy is provided for guidance to parishes regarding separated and divorced parents when they come to the parish to enroll their children and youth for Faith Formation Programming and for the reception of the Sacraments. It is also meant to protect the rights of parents and legal guardians in their desires to form their children in a faith, whether Catholic or otherwise. It is in the best interest of the children/youth to have everyone on the same page in these cases.

1. It is the obligation and the right of the Catholic Church to provide and support the faith development of its baptized members. Therefore, in the case of a child/youth baptized in the Catholic faith, either parent or a legal guardian can enroll their child in Faith Formation and/or Sacramental Preparation in the Diocese of St. Augustine at their domicile parish. The assumption is made that once the child has been baptized Catholic, the other sacraments should ensue.
2. When a child who is not baptized Catholic, is brought forward for Faith Formation and/or Sacramental Preparation, the person who enrolls the child or youth must provide either: (1) written consent of the other non-enrolling parent or legal guardian on the form provided below or (2) appropriate legal documentation at the time of enrollment of his/her sole authority to enroll the child. This could be a court order or other formal documentation.

Unless the parish is provided with a court order to the contrary, the person who enrolls the child/youth at the parish will be deemed the primary contact person for all Faith Formation related issues involving the child/youth. However, either parent or legal guardian may be entitled, upon reasonable request and consistent with any specific limitation of a court document, to have equal access to documents or other information concerning the child/youth's instruction at the parish.

In the case of conflicting instructions regarding the faith formation of a baptized Catholic, the parish will request that both parents and/or the guardians seek appropriate court instructions for the parish. All faith formation programs in the Diocese of St. Augustine will respect and comply with lawful court orders.

## **Acknowledgement and Consent of Divorced Parents or Legal guardians**

We, \_\_\_\_\_ {print names of  
parents or Legal Guardians} hereby acknowledge that we have read and  
understand the above Rights and Responsibilities of the Divorced,  
Separated Parents, or Legal Guardians when enrolling a child/youth in the  
parish's Faith Formation Program and/or Sacramental Preparation.

We consent to the enrollment of {Print Names of children/youth}

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

in the Parish Faith Formation Program and we consent to his/her reception  
of the Sacraments.

_____ Signature of Parent/Legal Guardian (enrolling)	_____ Date
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_____ Signature of Parent/Legal Guardian (non-enrolling)	_____ Date
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*Maintain original in parish office, provide copy of policy and form to parents/guardians.*