## **Parental Permission Form**

Please select the church your family is a member of from the list below:

St. Mary's Catholic Church St. Patrick's Catholic Church St. Cecilia's Catholic Church

Please fill out this form as complete as possible. The information will be used to allow the church to educate, photograph, and travel with the child listed below. Please use a separate form for each individual child.

| Participant's Full Name:     |                        |           |  |
|------------------------------|------------------------|-----------|--|
| Address:                     |                        |           |  |
| City:                        | State:                 | Zip Code: |  |
| Email:                       |                        | Phone:    |  |
| Date of Birth:               |                        |           |  |
| Parent/Guardian's Full Name: |                        |           |  |
| Address:                     |                        |           |  |
| City:                        | State:                 | Zip Code: |  |
| Email:                       | Relationship to Child: |           |  |
| Primary Phone :              | Secondary Phone :      |           |  |

1. I give permission for the child (named above) to attend Religious Education Activities.

- 2. I give permission for the child (named above) to be transported to and from events by hired and volunteer drivers authorized by the Religious Education Program.
- 3. I give permission for the child (named above) to be photographed and those photographs to used in print and digital media for any of the churches list at the top of this form.

As the guardian of the child list above, I give permission to use the child's photograph with only a first name and no other identifying information.

Yes No

This permission is valid for all activities on church property, church events off property, and/or at the location listed below:

| Emergency Contact:           |                   |  |
|------------------------------|-------------------|--|
| Primary Phone :              | Secondary Phone : |  |
| Relationship to Participant: |                   |  |
| Parent/Guardian's Name:      | Date:             |  |
| Parent/Guardian's Signature: |                   |  |

Fill out the form, save it to your desktop, and then email it to the email on the right. You can also return the form to the parish office at St. Mary's Catholic Church Parish Office, 603 Main St., Guthrie Center, Iowa 50115. For questions please call the parish office at <u>641-747-3843</u>.

Save and Email to: stmpcsecretary@outlook.com