



## Religious Ed/Youth Group 2022-23

### ***Medical Release:***

I, \_\_\_\_\_ understand St. Raphael Church will make every effort  
Parent/Guardian Name  
to contact me, or those named, in case of an emergency requiring a physician. However, if unable to make contact, the Church leaders are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the child, \_\_\_\_\_.  
Child's Name

I also understand the Church has no financial responsibility for emergency care for my child or transportation in an emergency for my child or transportation in an emergency vehicle should the need arise.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### ***Permission to Photograph:***

I, \_\_\_\_\_ grant St. Raphael Church permission to use  
Parent/Guardian Name  
photographs of my child, \_\_\_\_\_, in its publications (newsletter, emails, bulletins,  
Child's Name  
slideshows, etc.), including parish website and parish social media entries.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### ***Permission to leave the building:***

I, \_\_\_\_\_ grant St. Raphael Church permission to leave church grounds with my  
Parent/Guardian Name  
child, \_\_\_\_\_, on **pre-approved** field trips. St. Raphael Church will be required to  
Child's Name  
give all parents of children leaving the building prior notice of the field trip.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_