**Administration, Health and Safety Consent Form**

**Name of the Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I/ We, hereby declare that the choice to send my son/ daughter to the Catechism School of \_\_\_\_\_\_\_\_\_\_\_\_\_ (Parish Name) under the Department of Catechesis, Eparchy of Mississauga is made by me/ us willingly and consciously and was not forced by anyone.

* I/ We, hereby acknowledge that the Catechism School is a part of faith formation/ Catholic teaching initiatives of the Catholic Church for its faithful community, and it is not a venue to exercise any activities that are not acknowledged/ accepted/ recommended by the Catholic Church and its doctrine.
* I/ We understand that, by participating in the Catechetical program, my/ our child, and I/ we (the parent(s)) are expected to follow the Catechism School procedures and conduct, reflective of Catholic values.
* I/ We hereby acknowledge that all Catechists, Youth Associates, and staff in the Catechism School are volunteers and do not take any financial/ other material benefit for their services.
* I/ We, hereby acknowledge that catechism classes, seminars and activities may be delivered in-person or through virtual platforms at the Parish, Forane and Eparchial levels.
* I/ We hereby acknowledge that authorized/designated personnel from the Catechism School, the Parish, Forane and the Eparchy will use the online and virtual platforms to communicate with my child and me/ us about catechetical or related programs associated with children in the Parish, Forane and Eparchy.
* I/ We, hereby acknowledge that when my child is in the catechism class, it is the responsibility of the assigned class teacher to take care of him/ her and I/ we/ our designate (who are identified or consented by the parents) will be notified of any health and safety risk identified by the class teacher.
* I/ We understand and hereby agree that it is my/ our responsibility to look after my child after the scheduled class hours/ Holy Qurbana/ any scheduled catechism related activity time. I/ we hereby agree that, if my child needs to be out of the classroom/ Holy Qurbana/ any scheduled catechism activity time earlier than the scheduled time, I/ we will inform the assigned class teacher in advance and I/ we/ or a designated adult will accompany the child (if the child under the age of 12) out of the classroom or designated areas.
* I/ We acknowledge that the choice to participate in some programs brings with the individual the ASSUMPTION OF RISK and that it is my right to obtain as much information as I require, about any program or activity organized by the Catechism School and the associated risks and hazards, including information beyond that is provided to me by the Catechism School.
* I/ We acknowledge that it is my responsibility to advise the designated class teacher, of any medical and/ or health concerns of my child that may affect his/ her participation in the stated program or activity.
* I/ We understand that, in case of emergency medical or hospital services required for my/our child, Catechism School representatives would make every reasonable effort to contact the undersigned or our designate (who are identified or consented by the Parents). In addition, my/ our signature on this form authorizes the Catechism School representative/ designate to secure required medical advice and services as they deem necessary for my child’s health and safety, and that I shall be financially responsible for such advice and services.
* I/ We acknowledge that zero tolerance is the policy of the Parish and Eparchy to ensure my child's safety. In case of any concerns, I/we will inform the designated authorities of the Parish.
* In case of any possible conflicts/concerns I/ we have with the catechism functionaries, I/ we will address it in a respectful and appropriate manner, and I/ we are free to contact the Parish Priest, Catechism School Principal, or an authorized/ designated person to deal with such concerns.

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| I/We hereby declare that I/ we am/are the parent(s) or guardian(s) of the child named above. I have read and understood the information provided on this form in its entirety and hereby consent to participate being aware of all the foregoing. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of the Parent(s)/Guardian(s) Signature(s) Date |

**Consent to Post or Publish Student Information**

**Name of the child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_**

Catechism School of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of the Parish) and the Department of Catechesis, Eparchy of Mississauga is requesting your permission to use your child’s information (i.e., Name and Grade, image, video, or any creative content presented by the child) in:

1. Programs and activities organized in the Parish, Forane and Eparchy level by Catechism School and/or the Department of Catechesis \_\_\_\_ (*Parent’s Initial*).
2. Programs and activities organized in the Parish, Forane and Eparchial level by the Pious Associations for Children and SMYM \_\_\_\_ (*Parent’s Initial*).
3. Activities and competitions coordinated by the parish and eparchial associations and ministries.

These activities/ programs/ competitions may be presented/ published/ posted in print and/or digital media/ virtual platforms including Parish or Eparchial publications, reports, notice board, yearbooks. newsletters and online virtual platforms.

Such works may also include video recordings or display of images, where the faithful community and/or public may have access to this information and may identify you or your child.

*In case of any privacy or safety concerns, we agree to contact the Parish Priest or Catechism Principal of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parish Name). \_\_\_ (Parent’s Initial)*

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| *By signing this form and returning it to the Catechism School of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parish Name) you are consenting to your child’s information being used for the stated purposes. If no form is returned, it indicates that consent was NOT given.***Yes, I/ We consent to my child’s information being used for the above stated purposes**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of the Parent (s)/Guardian(s) Signature(s) Date |