

OUR LADY STAR OF THE SEA
F A I T H
FORMATION

I _____ GIVE Our Lady Star to the Sea (OLSS) permission to take photos and videos of my child/ren _____ that are related to OLSS Faith Formation and post them on the OLSS Faith Formation Website. I fully understand that Faith Formation provides a safe environment for my children to grow in their faith and relationship with Christ. _____ (parent initial)

OR

I, _____ DO NOT give Our Lady Star of the Sea permission to use photos and videos of my child/ren _____.

MEDICAL TREATMENT RELEASE As a parent/legal guardian, I _____ hereby authorize first aid/medical treatment of my child in the event of an emergency which may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. It is understood that efforts will be made to reach parent as soon as reasonably possible. In the event that the aforementioned required my authorization for treatment and I cannot be reached in an emergency, I _____ hereby give my permission to the physician selected by the activity leader to hospitalize, secure medical treatment, and/or order an injection, anesthesia or surgery for the aforementioned as deemed necessary. I understand that all reasonable safety precautions will be taken at all times by the parish and its agents during faith formation programs. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Our Lady Star of the Sea Parish, its Catechists, employees, volunteers, or the Roman Catholic Diocese of Washington D.C liable for damages, losses, diseases, or injuries incurred by the aforementioned.

We will make every effort to contact parents/guardians in case of class changes or cancellations due to weather, please provide best email.

Required forms for Sacraments and class status are posted of the Faith Formation website
olssfaithformation@weebly.com