

Directions for 2021-22 St. Therese Religious Education Program

1. *****Registration** All parents need to fill out this form each year. If your child is in second grade or in confirmation, I also need the place and date of baptism.
2. *****Emergency and Incidental Medical Treatment.** All parents need to fill out this form.
3. *** **Safe Environment training.** All parents need to fill out this form each year.
4. *** **Bus Permission slip for K-5.** All parents who have a child that will ride the bus from the elementary school to St. Therese in the afternoon **must sign** a permission slip before your child may get on the bus. If you have multiple children, you may fill only one form with all their names.
5. **Youth Image and Likeness Release.** All parents need to sign this form each year.
6. **Volunteer form.** This is a new form. All parents should fill out if they are able to help.
7. **Medication Consent form.** Parents only need to fill this form out if we will have medication for your child on hand.
8. **Permission Form for Minors...**(All parents need to sign for trips off the church grounds)
9. **Calendar.**

If you have trouble printing out these pages, I will make a hard copy for you and send it via snail mail.

Youth Image and Likeness Release Form

The Diocese of Superior and its affiliated parishes and schools may wish to use an image of your child in both print and electronic publicity. It is the practice of the Diocese of Superior to protect all children at all times including the public use of their images. This document has been developed to inform parents and guardians of their right to grant or refuse permission for their child's image and likeness to be used in Diocesan and affiliated parish and school media and promotional materials.

Permission to use any videotape, photograph, slide, audiotape, or any other visual reproduction in which your child may appear may include promotional activities such as, but not limited to, websites, social media sites, newsprint, flyers or brochures. We reserve the right to determine which image and likeness is used and how long it will remain on the site or is used in media materials.

Diocesan Department, Parish or School initiating this form: St. Therese of Lisieux
Contact person: Elizabeth Simurdiak Phone.....339-4885

Parents and Guardians.

Please carefully read the statements below. Indicate your permission or refusal of permission by signing and dating the appropriate statement. I will be using pictures to put in our album, post on our parish walls, post in the local paper or the Catholic Herald. I will not be putting any pictures on social media.

() **YES**, I give permission to the Diocese of Superior and affiliated parishes and schools to use my child's image and likeness for above-said use.

Child's name _____
Child's name _____
Child's name _____

Parent/Guardian

Signature _____ Date _____

() **NO**, I do not give permission to the Diocese of Superior and affiliated parishes to use my child's image and likeness for above-said use.

Child's name _____
Child's name _____
Child's name _____

Parent /guardian

Signature _____ Date _____

PLEASE SIGN AND RETURN TO THE CONTACT PERSON LISTED ABOVE

Please fill out one per family—Wed. afternoon session only

To: **Bus department Phillips School District**

I grant permission for

_____Grade_____

to ride the

bus from the Elementary School to St. Therese Church all Wednesday afternoons that St. Therese holds classes from September 2021 through May 2022

Parent signature

Date

2021-22

Name of your child(ren) _____

Emergency and Incidental Medical Treatment

In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me, please contact:

Name _____ Relationship _____

Phone numbers-Home: _____ Work: _____ Cell: _____

I further understand that if I cannot be reached, or if emergency contact that I have listed above cannot be reached, and my child/ward is in need of immediate medical care, the parish/school/DOS reserves the right to make a temporary decision that is in the best interest of my child/ward until such a time when I can be reached.

Please check the appropriate preference below.

I give permission to chaperones of this event from the parish/school/DOS to distribute non-prescription/ over-the-counter medications and treatments to my child/ward such as, but not limited to: applying minor bandages and first-aid ointments or sprays, ice or heat compresses, dispensing of non-aspirin pain relievers, cough drops or syrups and antacids and the like. **Yes** ____ **No** ____

Please supply all of the information requested below.

Family Health Insurance Company: _____ Policy #: _____

Family physician or clinic _____ Address: _____ Phone: _____

Family dentist _____ Address _____ Phone _____

Date of most recent physical examination _____

Current medications _____

Dosage and Frequency _____

Date of most recent tetanus immunization _____

Known allergies: _____ Treatment of allergies _____

Recent surgeries or serious illness _____

Any other special needs to be noted _____

I verify that all of the medical information for my child/ward listed above is correct and current to the best of my knowledge at the time of the event described above. I have indicated all potential health issues for my child/ward (including medications and any special dietary needs), as well as indicated my preference to the distribution of non-prescription/over the counter medications and treatments such as: applying minor bandages and first-aid ointments or sprays, ice/heat compresses, dispensing of non-aspirin pain relievers, cough drops or syrups, and antacids and the like.

Parent or guardian signature: _____ Date _____

Diocese of Superior
Permission Form for Minors with Indemnity Agreement and Emergency Contacts

Child Information

Full Name: _____ Date of Birth: _____ Gender: Female Male
Address: _____
Home parish name & city: St. Therese Phillips

Event Information

Description of Event: Any activity
Date of Event: Sept 2021 - May 22 Begin time: _____ End time: _____
Transportation Method: walking
Participant cost: -0-

Sponsored by: St. Therese

Supervised by: Classroom Teacher

a memo via email will be sent to you

Your permission is needed for your child to participate in the event listed above. Please return this signed form no later than prior to event

I give permission for my child to participate in the above named event. My signature below indicates that I understand the risks and hazards associated with the event this event, including injury, illness and the rare possibility of death. I understand that I may discuss any concerns or questions I have about this event with a representative of the parish or Diocese of Superior prior to giving permission for my child to participate.

In consideration for my child's participation, I agree to reimburse and indemnify the above named parish and the Diocese of Superior for all reasonable legal and court fees incurred by the parish/diocese in defending a lawsuit that I or my child may bring against the parish/diocese which relates to the above named event if the parish/diocese is found not legally liable by the courts and prevails in the lawsuit. If the parish/diocese is found legally liable for any injuries sustained by my child, this paragraph will not apply. I further agree to reimburse the diocese or any other agency for property damage or any bodily harm to other participants caused by my child.

Parent/guardian signature: _____ Date: _____
Relationship to child: _____
Phone numbers - Home: _____ Work: * Cell: (*)
Parents' email address: _____

EMERGENCY CONTACTS

Name: _____ Relationship: _____
Phone - Home: _____ Cell: _____ Work: _____

Name: _____ Relationship: _____
Phone - Home: _____ Cell: _____ Work: _____

Child's primary physician: _____ Phone: _____
Health system & location: _____
Health insurance carrier: _____ Policy number: _____

A MEDICATION CONSENT FORM MUST BE COMPLETED AND THE PRODUCT SUPPLIED FOR EACH MEDICATION YOUR CHILD WILL NEED TO TAKE DURING THIS EVENT. ASK THE EVENT ORGANIZER FOR THIS FORM.

September 1, 2021-22

Safe Environment

Dear parent or guardian,

St. Therese RE will be presenting Circle of Grace grade-level lessons to all children enrolled in our RE program. This training is offered in response to the mandates of the United States Conference of Catholic Bishops Charter for the Protection of Children and Young People: Promise to Protect, Pledge to Heal. Circle of Grace was developed by the Archdiocese of Omaha and has been adopted by the Diocese of Superior as its curriculum to help keep our children safe.

Parents and other caring adults want to protect children from those who might harm them, but no child can be supervised every moment of the day. This training will help your child recognize unhealthy relationships, appropriate ways to reduce the likelihood of being abused, and how to get help from others. Most importantly, this information will be presented to your child in a manner that reinforces his/her value as a person created in the image and likeness of God deserving of love and respect.

Your child's training session will begin early in the year. I will send a memo to you near the exact time and date of training. You are invited to attend these sessions.

So that we may respect your wishes...

Please indicate below your permission or refusal for your child to participate in this training session. It is important for us to have your signed consent or refusal on file. Emailed or phoned responses are not acceptable.

Please note that if we do not receive this form back by the presentation date, we will allow your child to participate in the training session.

Sincerely,

Elizabeth Simurdiak

-----PLEASE INDICATE YOUR CHOICE, SIGN AND RETURN BY September 25, 2021

Child's name _____ Child's grade ____

___ Yes, I would like my child to participate in the Safe Environment training described above.

___ No, I do not want my child to participate in the Safe Environment training described above.
I understand that if I refuse to allow my child to participate in this training, I will receive a resource packet from the parish to help me educate my child on these important issues.

Parent/Guardian Signature _____ Date _____

Diocese of Superior Medication Consent Form

Child's name: _____ Date of Birth: _____
 Grade Level: _____ Teacher/catechist: _____
 Parent(s) Names: _____
 Home phone: _____ Cell: _____ Work: _____

In the event that your child becomes ill or needs medication provided while at school, at religious education, or participating in a parish/diocesan event, this consent form needs to be completed and signed by a parent. This includes all prescription medication and all over-the-counter products including pain reliever, cough syrup, cough drops, etc. **Absolutely no medication will be administered to a minor without written medication orders from a parent or physician.**

Prescription Medication: All prescribed medications need to be brought to the appropriate parish staff in a legible pharmacy labeled container with specific instructions for the correct dosage.

Over-the-Counter (OTC) Products: Parents must supply the child's over-the-counter products in their original manufacturer's packaging with ingredients and recommended therapeutic dose listed and with their child's name written on it. Minors cannot carry these on their person or in their backpack. These products must be turned into the school office or the religious education office for dispensing along with this completed medication consent form.

All unused prescription medication or OTC products must be picked up by the parent in the school or religious education office. Any medication or OTC products not picked up by the last day of school or religious education program will be disposed of by parish personnel.

Prescription Medications				Contact parent for the following reasons:
Medication Name	Dose	Frequency/Time	Duration	

Over-the-Counter Products – Dispensed as needed				Contact parent for the following reasons:
Medication Name	Dose	Frequency/Time	Duration	

Parent/Guardian Signature: _____ Date: _____

Parish staff receiving form & medication: _____

St. Therese of Lisieux

Each parent is asked to volunteer to help in at least one of the areas/activities listed below.

Name _____ Work # _____ Home# _____

E-mail address _____

Classroom

Liturgy

-----teach
-----aide
-----substitute
-----tutor for sacrament

Plan, organize, supervise, or assist with:
-----special activity
-----help with Christmas play

Office and Administration

Other

-----make phone calls
-----publicity
-----serve on Religious Ed. Board
-----**supervise bus loading on Wednesdays**
 *** very important for grades K/1 ****
-----bake

-----talent with musical instrument
-----talent in singing.
-----talent in arts and crafts

_____ **I still have some funds left over from last year, to buy snacks for the Wednesday afternoon students. Would you be willing to bake or donate milk or money to make those funds last longer.**

-----If something special comes up, I am willing to offer my time and talents if I am available.

If there is something that you can think of that our program is missing, and that you are willing to help with, please list below.

8/2021-22 Diocese regulation: Anytime children are present, a volunteer must have a background check and complete an online lesson. Other activities such as baking, making phone calls, etc., do not require the above. Thank you for wanting to help out in this program. Elizabeth