

St. Charles Church – San Carlos, CA
Children’s’ Catechetical Ministry Program (CCM) - Grades K -4
 Permission/Acknowledgment /Emergency Information - 2017-2018

Permission/Acknowledgement:

I give permission for my child to participate in CCM Program activities/classes during the 2017-18 school year.
 I agree to direct my child to cooperate and conform to the directions of the personnel responsible for these CCM Program activities/classes.

I agree that in the event that my child is injured as a result of his/her participation in these CCM Program activities/classes, whether or not caused by the CCM program or any of its agents or employees, recourse for the payment of any medical costs will first be had against any accident, hospital, or medical insurance, or any available benefit plan of mine or of my spouse. In the event that I cannot be reached in case of an emergency, I give permission for the adult leader in charge to authorize any necessary medical treatment for my child.

I consent to the use of video and/or photographs in which my child may appear on the Parish website.
 I understand that these materials are being used for promotion of the parish CCM programs and/or activities.

Guidelines and policies of the Religious Education Program are stated in the Parent Handbook that is distributed to all enrolled families each year. By enrolling your child in the CCM Program of St. Charles Parish, you are thereby agreeing to support all parish policies, rules, and regulations. Separate Sacramental information packets are prepared and distributed outlining the specific guidelines and policies pertaining to First Reconciliation/ *First Communion*.

Parent/Guardian

NAME (Please Print) _____ SIGNATURE _____ DATE _____

Parent/Guardian

NAME (Please Print) _____ SIGNATURE _____ DATE _____

Medical Information: -----PLEASE PRINT LEGIBLY-----

Child’s Name _____ **Age:** _____

Family Physician _____ **Phone** _____

Family Dentist _____ **Phone** _____

Insurance Carrier _____ **Policy #** _____

Allergies _____ **Medications** _____

Other information (including restrictions on activity, health conditions) of which we should be aware:

Parent/Guardian Contact:

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Emergency Contact: *(please list 2 people who may be called in case you can’t be reached)*

Name _____ Phone _____ Relationship to child _____

Name _____ Phone _____ Relationship to child _____

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 Please be sure to complete BOTH SIDES of this form. ORIGINAL must be submitted, with fees, by 3-27-17.  
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