Fr. Kevin Martin, Pastor
Fr. Ezekiel Yisi, Parochial Vicar
St. Mary of the Visitation ~ Houlton
St. Anne's Mission ~ Danforth
St. Agnes ~ Island Falls
St. Paul's Mission ~ Patten

Parish Office
112 Military St., Houlton, Maine 04730
Phone: (207)-532-2871

Website: www.maryagnespaul.org
Email: info@maryagnespaul.org

Faith Formation - Emergency Contact, Medical Information, Permission, & Liability Release

INFORMATION *(Include First & Last Name)*

Child 1: _____ Birth Date: _____ Grade: ___ Male / Female
Child 2: _____ Birth Date: _____ Grade: ___ Male / Female
Child 3: _____ Birth Date: _____ Grade: ___ Male / Female
Child 4: _____ Birth Date: _____ Grade: ___ Male / Female
Child 5: _____ Birth Date: _____ Grade: ___ Male / Female

Parent/Guardian 1: _____ Parent/Guardian 2: _____
Mailing Address: _____ Mailing Address: _____
_____ _____
Phone #: _____ Phone #: _____
Email: _____ Email: _____

EMERGENCY CONTACT INFORMATION *(If parents/guardians are unable to be reached)*

Name: _____ Relationship: _____ Phone #: _____

MEDICAL INFORMATION

Insurance Co.: _____ Group #: _____
ID #: _____ Cardholder's Name: _____
Please list any medical concerns or allergies that may impact your child's ability to participate in Faith Formation:
Child 1: _____ Concerns _____
Child 2: _____ Concerns _____
Child 3: _____ Concerns _____
Child 4: _____ Concerns _____
Child 5: _____ Concerns _____

PERMISSION AND LIABILITY RELEASE

I, _____, *(parent/guardian)* the undersigned, request permission for myself/my child to attend Faith Formation to be held at the parish specified below. I understand that Faith Formation activities will take place under the guidance/supervision of responsible employees/volunteers from within _____ parish and the Roman Catholic Diocese of Portland in Maine.

I hereby indemnify and hold harmless _____ parish in _____ *(city/town)* and the Roman Catholic Diocese of Portland in Maine and any of their official representatives from any claims of damage resulting to myself/my child during Faith Formation. Furthermore, I authorize to have my child treated for emergency medical or dental problems that should result from injuries received providing a licensed physician or dentist advises such treatment. I accept full responsibility for all costs of such emergency treatment. I/my child agrees to abide by all the rules as outlined in the Code of Behavior/Ethics. The parish will not be liable if I/my child fails to cooperate with said rules, and any infractions may result in removal from Faith Formation. I understand that I am legally responsible for my/my child's behavior.

Legal Guardian Signature: _____ Date: _____
Legal Guardian Name (print): _____ Phone: _____