



**SAINT FRANCIS XAVIER  
CATHOLIC CHURCH**

P.O. Box 116/ 502 S. Canal St., La Feria, TX 78559  
Phone #: (956) 797-2666/ Fax: (956)797-3387  
Website: stfrancisxavierlaferia.org

**ANNUAL MEDICAL CONSENT FORM  
AND RELEASE OF LIABILITY**

Date \_\_\_\_\_

**Personal Information**

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_

Parent(s) Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

**Medical Information**

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier/ Provider \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

\_\_\_ Yes \_\_\_ No Does your child have a special medical condition or heart problem?

\_\_\_ Yes \_\_\_ No Has your child had a broken bone in the past six (6) months?

\_\_\_ Yes \_\_\_ No Has your child had surgery in the past six (6) months?

\_\_\_ Yes \_\_\_ No Is your child currently taking prescribed medication(s) that could inhibit strenuous physical activity?

\_\_\_ Yes \_\_\_ No Is your child allergic to bee stings or insect bites?

\_\_\_ Yes \_\_\_ No Does your child have asthma or other respiratory problems?

If you answered “yes” to any of the above, it is the responsibility of the parent/guardian to check with parish staff and/or volunteers to ensure that your child will not be endangered due to any physical limitation or condition.



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Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**Emergency Contacts**

#1: Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

#2: Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Current medications \_\_\_\_\_

Medicinal and/or Food Allergies \_\_\_\_\_

Learning Disability (Please explain) \_\_\_\_\_

**I, \_\_\_\_\_, hereby give my consent** for the above named individual to participate in the parish programs and physical activities during the current program year. **I authorize** the employees and/or responsible personnel to obtain proper medical treatments should it become necessary. **I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns,** to hold harmless and release the parish, the Diocese of Brownsville, the Bishop and his successors, all of their employees, directors, administrators, catechists and volunteers from all legal liability for illnesses, injuries and/or death suffered by my child as a result of participation in the programs and physical activities during the program year. **I further agree** to compensate the parish, the Diocese of Brownsville, its directors, employees and/or agents associated with the programs and physical activities for reasonable attorney’s fees and expenses which may incur in any action brought against them as a result of such injury or damage [unless such claim arises from the negligence of the parish/diocese]. **I affirm** that the information above is true and correct.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_



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**Safety Awareness Training Consent Form**

Dear Parent or Guardian,

Blessed be our Lord Jesus Christ who showed his love for his children by holding them and blessing them. This letter is an invitation to you and your children to participate in a very special class about **Touching Safety**.

Every parish in our diocese, indeed throughout the diocese of the United States, is directed to provide for the children and young people in the parish religious education program and special lessons on how to keep themselves safe from child sexual abuse. The lessons are for your child’s personal safety and **NOT** for education in human sexuality. The goal is to reinforce what you as parents are teaching your children about appropriate touching and the difference between safe and unsafe friends.

Dates and times for these classes will be announced during the CCE year. As parents you are welcomed to join us during the presentation. If for any reason, you would prefer that your child not participate in the **special touching safety lesson**, you may sign the reverse side of this form indicating you decline. Your child is expected to come to class the day of the presentation. And he/she will be in another class during the presentation.

\_\_\_\_\_Yes, I give my consent                      \_\_\_\_\_No, I do not give my consent

For my son/daughter \_\_\_\_\_(name) to  
Participate in the **Safety Awareness Training Program**.

**Parent/Guardian Signature:**\_\_\_\_\_ **Date:** \_\_\_\_\_



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**PROTECTING GOD’S CHILDREN**  
**Teaching Safety**  
Education for Children in Safety from Sexual Abuse

**Parent Opt-Out Form**

Parish: St. Francis Xavier

City: La Feria

**I choose NOT to have my child participate** in the mandatory lesson about preventing sexual abuse called **Teaching Safety**. I understand that I am invited to attend with my child but choose not to at this time.

\_\_\_\_\_  
**Parent/Legal Guardian Name (Please Print)**

\_\_\_\_\_  
**Parent Signature**

\_\_\_\_\_  
**Date**

**Name of Child (Please Print)**

**Child’s Grade**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Date Lesson Plan Given to Parent: \_\_\_\_\_  
**(To be completed by Office)**

**Please return completed form to Parish Religious Education Office.**



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**MEDIA RELEASE AND CONSENT FORM**

**(Please print and write legibly.)**

Name of Child: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I hereby give my consent to all photographs, audio recordings, work, and/or video recordings taken of me or my minor child by any parish in the diocese and/or \_\_\_\_\_ (*parish*) staff or their designee. I understand that any such photographs, audio recordings, work, and/or video recordings become the property of the diocese and/or parish and may be used by the diocese, parish and/or others with their consent, for educational, instructional, or promotional purposes determined by the diocese and/or parish in broadcast and electronic media formats now existing or in the future created.

**(Please check one of the options below.)**

\_\_\_\_ Yes, I give my consent.

\_\_\_\_ No, I do not give my consent.

*Signature* of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



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**Permission Form for Child Pick Up/  
Forma De Consentimiento Para Recoger Al Nino**

**Student Name/:** \_\_\_\_\_

*Nombre de Estudiante*

<b>Father's Name/:</b> <i>Nombre de Padre</i>	Click here to enter text.	<b>Phone #/:</b> <i>Telefono</i>	Click here to enter text.
<b>Mother's Name/:</b> <i>Nombre de Madre</i>	Click here to enter text.	<b>Phone #/:</b> <i>Telefono</i>	Click here to enter text.

**The following people can pick up my son or daughter after religious classes:**

*Las siguientes personas pueden recoger mi hijo(a) despues de terminar las clases de Educacion Religiosa:*

	<b>Name/ Nombre:</b>	<b>Phone #/ Telefono:</b>	<b>Relationship/ Relacion</b>
1:	Click here to enter text.	Click here to enter text.	Click here to enter text.
2:	Click here to enter text.	Click here to enter text.	Click here to enter text.
3:	Click here to enter text.	Click here to enter text.	Click here to enter text.

**My son/daughter has permission to walk home.**

*Mi hijo (a) tiene permiso para caminar a casa.*

\_\_\_ **Yes** \_\_\_ **No**  
\_\_\_ **Si** \_\_\_ **No**

**My Child will walk from school to CCE**

*Mi hijo caminará de la escuela a CCE*

\_\_\_ **Yes** \_\_\_ **No**  
\_\_\_ **Sí** \_\_\_ **No**

**Parent Signature** \_\_\_\_\_ **Date/:** \_\_\_\_\_

*Firma de Padre:*

*Fecha:*



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**ELECTRONIC COMMUNICATION AND VIRTUAL LEARNING  
CONSENT FORM**

**Please print and write legibly**

**Parish:**

**City:**

**Child's Name:**

Child's Email Address:

**Name of Parent/Legal Guardian**

**Parent's/Guardian's Email Address:**

**Parent's/Guardian's Cell Phone:**

Additional Parent/Legal Guardian:

Parent's/Guardian's Email Address:

Parent's/Guardian's Cell Phone:

**It is a requirement for parish staff or their designee to send invitations to at least one parent/legal guardian.**

Yes, I **give** my consent to *parish* staff or their designee to have electronic communication with my child (under 18).

**do not give** my consent to *parish* staff or their designee to have electronic communication with my child (under 18).

*Google Classroom, Microsoft Teams and/or Zoom* are possible platforms that may be used by the parish to have Virtual Learning. I understand that in order to participate in these electronic gatherings I will receive an email with an invitation link. I understand that I am invited to take part in the formation sessions with my child. With my consent my child will participate. All virtual meetings or gatherings will be recorded and archived. I understand that these recordings may be accessible to me at my request.

Yes, I **give** my consent for Virtual Learning.

No, I **do not** give my consent for Virtual Learning.

**Parent's/Guardian's Signature:**

**Date:**

[It is important that you inform your Parish Catechetical Leader \(DRE\) if there are any changes to your Email Address or Cell Phone.](#)



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Student's Name: \_\_\_\_\_

In order to better assist your Child during religious education classes please indicate if your Child has any of the following disabilities by placing a checkmark (✓) next to any disability that applies.

Click here to enter text.	Locomotion (need wheelchair)
Click here to enter text.	Hearing
Click here to enter text.	Vision
Click here to enter text.	Speech
Click here to enter text.	Learning Skills
Click here to enter text.	Emotional Adjustments
Click here to enter text.	Attention Deficit/ Hyperactive
Click here to enter text.	Down's Syndrome
Click here to enter text.	Cerebral Palsy
Click here to enter text.	Other ( Please List)





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**DROP OFF/PICK UP PROCEDURE**

**DROP OFF**

We have 3 drop off areas (See Drop off/Pick up Map)

1<sup>st</sup> being the exit of the parking lot

2<sup>nd</sup> entrance to the parking lot

3<sup>rd</sup> Steps leading to the building on South West St.

**\*\*\*Children can be dropped off at any one of these areas.\*\*\***

1. Ideally whoever arrives first will drive up to the 1<sup>st</sup> drop off area and the other cars would form a line behind, to ensure the flow of traffic continues smoothly and avoid having traffic back up.
  - a. Traffic line should form around the church property on West Cypress St. → South west St. → W. Magnolia St.
  - b. Observe one way traffic flow when approaching for drop off / picking up. Traffic should only flow South when on South West St. and West when on West Cypress St.
  
2. Parents/Guardian/other will be asked to sign In that they dropped off their child **(This is applicable for those in K-5<sup>th</sup> grade).** Parents will be given a number for their child. Parents will tell the volunteer their child's number. This will help the volunteer find your child's name quickly on the list so that you can sign that you dropped off your child.)
  - a. Only drop off kids in these designated locations
  - b. Do not drop off your children on the other side of street & expect them to cross the street. Volunteers are only allowed to receive children from the car while on church property not from across the street.
  - c. Kindly follow the directions of those directing traffic, as needed.
  - d. Be patient and considerate with one another as you drive.
  - e. Be on time.



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## **PICK UP**

We have three Pick up areas. (See Drop off/ Pick up Map)

1<sup>st</sup> being the exit of the parking lot

2<sup>nd</sup> entrance to the parking lot

3<sup>rd</sup> Steps leading to the building on South West St.

1. Proceed to your child's designated pick up area. (Pick up area is designated per class)
2. Parents/Guardian/ other will be asked to sign that they picked up their child/children (This is applicable for those in 5<sup>th</sup> grade. Parents will be given a number for their child. Parents will tell the volunteer their child's number. This will help the volunteer find your child's name quickly on the list so that you can sign that you picked up your child.)
3. Children will be only given to children from the Church property. Child and catechist are not allowed to cross across the street.
4. Continue to follow the one way traffic flow.
5. Kindly follow the direction of those directing traffic as needed.
6. Be patient and considerate with one another as you drive
7. Be on time.

**\*\*\*We ask for your patience and cooperation as we implement this procedure. It will take us a little bit of time to get familiar and into the routine, but as we get familiar with it, things will flow smoother\*\*\***

## **INCLEMENT WEATHER PROCEDURE FOR DROP OFF/PICK UP**

Parents/Guardian will remain in line while driving into the parking lot on S. West St. and continue to drive up to the entrance that has a covered walk way. Children will be received by a volunteer/catechist. Parents/Guardians will sign in their child when dropping off as well as when picking up. The Signing in & out policy is applicable to children in grades K-5<sup>th</sup> grade.

**NO PARKING ALLOWED INSIDE THE FENCED PARKING AREA  
FOR THE SAFETY OF CHILDREN & VOLUNTEERS.**



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**DROP OFF/ PICK UP  
MAP**

