

Attention O of A teachers: If a student gives you this permission slip, please send it to Mrs. Spaeth in the office.

Thanks, Jeanne Lyons

Permission Slip for The Jubilee Music Class 2017 - 2018

Dear Parent or Guardian:

Your son/daughter, guardianship has the opportunity to participate in a class that teaches children with, and without, special needs ways to play and interact with each other through the use of musical games and activities. This class will take place at Queen of Angels Catholic School or St. Peter Chanel Church on Mondays and Thursdays from 3:30 to 5:00. Participants who are not Queen of Angels students attend from 4:00 – 5:00. Children may attend Mondays, or Thursdays or both. There is no cost to participate in the class.

If you would like your child to participate in this class, please sign and return the following statement of consent and release of liability, as well as the medical release form on pages 2-3. As parent or legal guardian, you remain fully responsible for any legal responsibility, which may result from any personal actions taken by the named child.

I hereby give consent to the participation of my child, _____,
(Full name)

in the class described above. I further consent to the videotaping or photographing of my child in the classes for use in educating others about disabilities and the benefits of inclusion, about the use of musical activities to enhance inclusion, and how inclusion teaches children to live their faith.

I hereby waive and release any claim against Queen of Angels, St. Peter Chanel or Jeanne Lyons for any injuries suffered by my child during participation in the class.


(Signature of parent/guardian)

(Date)

Email _____

My child will usually attend Jubilee Music on Mondays Thursdays
(please circle one or both)

Following Jubilee Music, my child will go: to after school home
(please circle one)

Please don't forget pages
2 & 3! 

SOCIAL MEDIA RELEASE

In the interest of promoting and chronicling activities, St. Peter Chanel Catholic Church often records with photographs, video, or other media, events and activities. Material may be shown in class, at other parish events or meetings, at educational workshops/conferences, and may be put on the website (www.stpeterchanel.org) or social media (www.facebook.com/StPeterChanelPSR, <https://twitter.com/SPCPSR>, www.youtube.com/user/StPeterChanelPSR, <https://spcreligiouseducation.wordpress.com>). The security of your children is always a priority at St. Peter Chanel Catholic Church. No personal information, beyond an occasional first name, will ever be included in any of the material.

Child's Name (First, Last)	Permission Granted	
	YES	NO

Parent's Name (printed): _____

Parent's Signature: _____ Date: _____

2017-2018 St. Peter Chanel Medical Release Form

I give permission to seek any emergency care should my child be involved in any accident or be injured in any way during such events. I understand that any such instance, all attempts will be made to contact the parent/guardian. In the event that I cannot be contacted, I hereby give permission to the attending physician to hospitalize, secure treatment for, and to order injection, anesthesia, and/or surgery for my child, as named herein.

Name of Minor: _____ Date of Birth: _____

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Name of Minor: _____ Date of Birth: _____

Name of Minor: _____ Date of Birth: _____

Address: _____

Home Phone #: _____

Father/Guardian's Full Name: _____
Cell Phone #: _____
Home Address: _____
Place of business/address: _____
Phone #: _____

Mother/Guardian's Full Name: _____

Cell Phone #: _____

Home Address: _____

Place of business/address: _____

Phone #: _____

Relative or friend to contact if unable to reach parent/guardian in the event of emergency:

Name & Relationship: _____

Phone #: _____

Insurance Carrier: _____

Insurance Policy Number: _____

Insurance is provided by which parent and/or place of employment: _____

Address of Insurance Company: _____

Phone #: _____

Special consideration to be aware of (i.e. allergies – including allergies to animals, medical conditions, etc.): _____

Medication (and dosage) my child is currently taking: _____

Parent please print name:

Parent Signature: _____

Date: _____