



**St. Anselm First Communion  
Sign In & Out Waiver of Rights**

It is required by the Archdiocese that parents/ guardians sign in and out their children. Since we, St. Anselm Church, allow parents/ guardians to drop off their children at the school and pick them up at the church without signing in and out, we request that you waive your rights so we can continue this process. If you opt not to waive your rights, then you will have to sign in and out your child at every class session.

***Waive of Rights***

I \_\_\_\_\_ parent/ guardian of \_\_\_\_\_, hereby understand that by signing this form, I am **waiving my rights** to sign in and sign out my child/ren. This means, St. Anselm Church is not held responsible if anything should happen if I am not on time to pick up my child/ren at the church. I understand that once the children arrive on church grounds, they are no longer under the responsibility of St. Anselm Church.

Signature of Parent/Guardian: \_\_\_\_\_, Date: \_\_\_\_\_

**Do not Waive Rights**

I \_\_\_\_\_ parent/guardian of \_\_\_\_\_, **do not** wish to waive my rights. I understand that by not waiving my rights, I am responsible to sign in my child/ren and go into the school to sign them out for pick up.

Signature of Parent/ Guardian: \_\_\_\_\_, Date: \_\_\_\_\_

**St. Anselm First Communion Program Handbook  
Acknowledgement Form  
FOR PARENTS/GUARDIANS:**

I/we agree to join with the DRE, the Pastor and staff at St. Anselm Church in working to fulfill the Program's mission statement. Specifically, I/we agree to:

- Meet my/our financial obligations in a timely manner.
- Read the Parent-Student Handbook carefully and abide by the Program's regulations and procedures.
- Instruct my/our child/ren in the Program's regulations and procedures, as outlined in the handbook.
- Inform my/our child/ren that they are to take their faith formation responsibilities seriously by participating appropriately in classes, praying and being an active participant in all Program activities.

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

\_\_\_\_\_  
Signature of Parent/Guardian

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

\_\_\_\_\_  
Signature of Parent/Guardian

Date \_\_\_\_\_

Archdiocese of San Francisco  
St. Anselm Church  
First Communion  
**Parental Permission & Health Authorization Form**  
*Please note: One completed form per child is required*

Child's Name \_\_\_\_\_, DOB \_\_\_\_\_ Grade \_\_\_\_\_

Family Physician \_\_\_\_\_, Phone # \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ Zip code \_\_\_\_\_

Medical Plan \_\_\_\_\_ Medical Plan # \_\_\_\_\_

**Does your child have or is subject to:** (circle all that apply) Asthmas, Faint Spells, Diabetes, Convulsions,

Heart Trouble, Allergy or reaction to any medication: please list:

Sport Restrictions: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Other, (please describe): \_\_\_\_\_

Have difficulty with: (please circle all that apply) Eyes Ears Nose Throat Lungs Digestion Menstruation

Any condition(s) requiring medication? \_\_\_\_\_

Name of medication(s): \_\_\_\_\_

Person to notify in emergency (other than parent):

Name \_\_\_\_\_ Phone \_\_\_\_\_

I/We, the parents/guardians of the above named child hereby give my/our permission to his/her participation in any and all Sacrament Preparation and Religious Education activities. I/We agree to direct my/our child to cooperate and conform to directions & instructions of Sacrament and Religious Ed personnel responsible for Sacrament and Religious Education activities.

I/We agree that in the event my/our child is injured as a result of his/her participation in Sacrament and Religious Education activities, including transportation to & from these activities, whether or not caused by the negligence of the parish/school Sacrament and Religious Education program or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs & expenses will first be had against any accident, hospital or medical insurance, or any available benefit of mine/ours.

In the event we cannot be reached in an emergency, I/we hereby give permission for:

**Adult Leader(s):** DRE & Class Teacher(s)

To authorize by his/her signature whatever medical treatment may be considered necessary by the attending physician for my/our child.

Parents/Guardians Signature \_\_\_\_\_

Parents/Guardians Name \_\_\_\_\_

Date \_\_\_\_\_