

Faith Formation Office
St. Bartholomew Catholic Church

252 Granada Ave, Long Beach, CA 90803
562-438-3826, Email: Kdeleo@la-archdiocese.org



MAJOR DISASTER EMERGENCY FORM

This form must be on file in the Faith Formation Office.

In the case of a major disaster, all students will remain at the PARISH until released to a PARENT or OTHER AUTHORIZED PERSON.

Please Print Clearly.

Please use DARK BLUE or BLACK ink.

FAMILY NAME: _____

Names of the children enrolled in St. Bartholomew Catholic Church Faith Formation Program:

First Name _____	Grade _____	Class Day _____	Last Name, if different _____	Birth Date _____	Health Needs: _____
First Name _____	Grade _____	Class Day _____	Last Name, if different _____	Birth Date _____	Health Needs: _____
First Name _____	Grade _____	Class Day _____	Last Name, if different _____	Birth Date _____	Health Needs: _____
First Name _____	Grade _____	Class Day _____	Last Name, if different _____	Birth Date _____	Health Needs: _____
First Name _____	Grade _____	Class Day _____	Last Name, if different _____	Birth Date _____	Health Needs: _____

Parents(s) and/or guardian(s): AUTHORIZED to take the children from the parish premises in the event of a MAJOR DISASTER are:

Name of Mother _____ Home Phone # _____
Cell phone/pager # _____ Work # _____
Name of Father _____ Home Phone # _____
Cell phone/pager # _____ Work # _____

Other adult(s) you designate AFTER CONTACTING PARENTS are:

Name _____ Home Phone # _____
Relationship to child _____ Cell Phone # _____

Name _____ Home Phone # _____
Relationship to child _____ Cell Phone # _____

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CONSENT TO TREATMENT OF A MINOR

I (We), the undersigned parent(s) of _____

_____ a minor(s), do hereby give consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment as authorized by the St. Bartholomew Catholic Church Faith Formation Program at any accredited hospital in time of any special emergency or medical disaster. It is understood that this authorization is given in advance of any specific diagnosis, but given to provide authority to any diagnosis, treatment, or hospital care which the physician in the exercise of his/her best judgment may deem advisable. This authorization will remain in effect until May 31, 2024. Any time the above information must be changed, I will notify the Faith Formation Office in writing.

PARENTS OR LEGAL GUARDIAN (signature)_____

Witness (signature)_____

Date:_____

Name of an out-of-town relative to whom information could be given. (optional)

Name_____

Address_____

City_____ State_____ Zip Code_____

Relationship to child_____ Phone No._____

FOR OFFICE USE ONLY

NAME OF CHILD/CHILDREN

1. _____ RELEASED TO:_____

2. _____ SIGNATURE:_____

3. _____ DATE:_____ TIME:_____

4. _____ RELEASED BY:_____

5. _____

There must be a person designated to take these forms from the office in the event of a major disaster.

PARENT/GUARDIAN RELEASE FOR STUDENT OR MINOR (NONCOMMERCIAL)

This section to be completed by the Archdiocesan entity (school/parish/ACC) sponsoring the activity ("Location"):

St. Bartholomew Catholic Church

Name of Location: _____

The Location intends to use your and/or child's image, name, voice and/or work for noncommercial purposes relating to the event(s) or activity(ies) identified below.

Description of events/activities to which this Release applies:

Faith Formation Activities/Events and any virtual gatherings that may take place

Duration of Release: September 2023 to June 2024

This section to be completed by Parent/Guardian:

I, _____ am the parent/guardian of

_____, a minor.

I hereby authorize the Location to use the following personal information about my child:
(Please initial the applicable boxes)

Image: ☐yes ☐no **Voice:** ☐yes ☐no **Name:** ☐yes ☐no **Work:** ☐yes ☐no

I understand and agree that my child's image, voice, name and/or work ("Personal Information") relating to the events or activities described above will be used for noncommercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that my child's Personal Information may be copied, edited and distributed by the Location in publications, catalogues, brochures, books, yearbooks, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, or any other form now known or later developed ("Materials").

The Location may use the Personal Information at its sole discretion, with or without my child's name or with a fictitious name, and with accurate or fictitious biographical material. The Location will not use the Personal Information for improper purposes or in a manner inconsistent with the teachings of the Roman Catholic Church.

I waive any right to inspect or approve any Materials that may be created using the Personal Information now and in the future. In exchange for the opportunity given to my child by the Location to participate in the activity, I agree that neither I, nor my child, will receive monetary compensation, royalties or credit. I understand and agree that the Location shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Location intends to use the Materials for a commercial purpose, I will be provided at that time with information about the terms of the commercial use.



I hereby waive, release and forever discharge any and all claims, demands, or causes of action against the Location and its affiliated entities, employees, agents, contractors and any other person, organization, or entity assisting them with the photography, electronic recording or Materials, for damages or injuries in any way related to, or arising from the photography, electronic recording or Materials, or the use of the Personal Information, and I expressly assume the risk of any resulting injury or damage.

I further understand and agree that this Authorization remains in effect until it is withdrawn in writing. I understand that if I change my mind about this Authorization, that I will submit another, new authorization form to the Location. However, my new authorization will not have the effect of revoking this Authorization, and the Location will have no duty or obligation to make any changes or alterations to any Materials that may have been prepared based on this Authorization.

I represent that I have read this Authorization, understand the contents and am able to grant the rights and waivers it contains. I understand that the terms of this Authorization are contractual and not mere recitals. I am signing this document freely and voluntarily.

Signature: _____ Date: _____

Print Name: _____ Relationship to Child: _____

Address: _____

Telephone: _____ Cellphone/Email: _____

Please list all children in the family.

Name of Child: _____ Age: _____

Name of Child: _____ Age: _____

Name of Child: _____ Age: _____

Name of Child: _____ Age: _____

Name of Child: _____ Age: _____

Parents Names _____

I hereby authorize the Location to use the following personal information about us.
(Please initial the applicable boxes)

Image: ☐yes ☐no Voice: ☐yes ☐no Name: ☐yes ☐no Work: ☐yes ☐no





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SAFE ENVIRONMENT TRAINING PROGRAM
Archdiocese of Los Angeles

We at St. Bartholomew Catholic Church are committed to your child's safety and well-being. Almost daily, we hear of incidents of child sexual abuse happening. That is why learning how to prevent child sexual abuse is important, not only for us as adults, but also for our children and young people.

The theme for the School Year 2023 – 2024 Safe Environment Training is focused on the important topic of The Five Body Safety Rule. Each lesson includes video presentations, classroom discussions, individual and group activities. This program also highlights God's love and desire for the health and safety of all His children.

The "Internet Safety" program is provided for free by the Archdiocese of Los Angeles, and is part of our ongoing effort to help create and maintain a safe environment for children and youth and to protect all children from sexual abuse. For more information contact: jvienna@la-archdiocese.org.

If you have any questions about the program, or would like to review any of the materials please feel free to contact Kellie De Leo in the Faith Formation Office.

Please complete, sign and return this form with your registration form:

Date: _____

Dear: Father Mark A. Strader/Kellie De
Leo *Name of Pastor and Director of Faith Formation*

Student(s) Full Name: _____ Grade/FF Session: _____

Student(s) Full Name: _____ Grade/FF Session: _____

Student(s) Full Name: _____ Grade/FF Session: _____

Student(s) Full Name: _____ Grade/FF Session: _____

Student(s) Full Name: _____ Grade/FF Session: _____

Faith Formation Program: St. Bartholomew Catholic Church City: Long Beach, CA 90803

Please initial the following statements that apply:

_____ The Safe Environment Program will be offered to my child as part of his class before the end of January.

_____ It is my choice that my child **not** participate in the program.

Name of Parent or Guardian: _____
(Please print clearly)

Signature: _____