

**PARENT/GUARDIAN RELEASE FOR STUDENT OR MINOR
(NONCOMMERCIAL)**

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

Name of Location: _____

The Location intends to use your 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:

Duration of Release: _____

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: _____

Name of Child: _____ Age: _____



**Empowering God’s Children and Young People© Safety Program
Year 3: Internet Safety
2025 – 2026 Permission Slip**

To: Parents and/or Guardians

From: Saint Lawrence Office of Youth Ministry

Subject: Empowering God’s Children and Young People© Safety Program

Date: August 15th, 2025

We are committed to your child’s safety and well-being. Child abuse, whether physical, sexual, or emotional, continues to afflict our society. Children and young people can be empowered with the knowledge and understanding of how to keep themselves and others safe from possible harm.

The *Empowering God’s Children and Young People© Safety Program* of the Archdiocese of Los Angeles is dedicated to providing continued education to children and young people through classroom lessons and activities on ways to maintain their own personal safety. This program also highlights God’s love and desire for the health and safety of all His children.

The third year of this program, “Internet Safety” will be presented to our students during the month of **January**. The lesson focuses on the importance of being safe and being aware of the dangers that can be encountered while on the internet. Each lesson includes video presentations, classroom discussions, individual and group activities, as well as a “Take Home Activity” for students to complete with a parent or guardian.

Any parent or guardian who would like additional information regarding this program or who would like to review the materials may contact youthministry@stlm.org



**Saint Lawrence Office of Youth Ministry
Empowering God Children and Young People© Safety Program
Year 3: Internet Safety
Parent/Guardian Permission Slip
2025 – 2026**

My signature below confirms that _____, my child, has my permission to participate in the *Empowering God’s Children and Young People© Safety Program* “Year 3: Internet Safety”. I understand that I need to complete and return a Parent/Guardian Permission Form **for each child participating** by **December 15th, 2025** .

Child’s Name (printed): _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date: _____

EMERGENCY INFORMATION FORM / *FORMA DE INFORMACIÓN PARA EMERGENCIAS*

A separate form must be completed for each child. / *Esta forma debe de ser completada por cada hijo(a)*

Parish Name / *Nombre de la parroquia*

Child or Youth Full Name / *Nombre complete del hijo(a)*

If a parent or guardian can't be reached in an emergency, please contact: / *Si el padre, madre o guardián no pueden ser contactados en una emergencia, favor de contactar a:*

First and Last Name / *Nombre completo*

Relationship to child or youth / *Parentezco con el hijo(a)*

Emergency contact phone # / *No. de teléfono de contacto para emergencias*

Name of Family Doctor / *Nombre del médico familiar*

Phone # / *No. de teléfono*

Name of Family Dentist / *Nombre del dentista familiar*

Phone # / *No. de teléfono*

Medical Insurance Carrier / *Compañía aseguradora de salud*

Carrier Policy # / *No. de póliza*

Group # / *No. grupo*

Medical Insurance Address Information / *Dirección de la compañía aseguradora de salud*

Phone # / *No. de teléfono*

List any medical condition which restricts physical activity or requires special attention or minor adjustments. Include conditions such as asthma or allergies (e.g. peanuts, bee stings, etc.) If none, please indicate "none". / *Enumere cualquier condición médica que restrinja la actividad física o requiera atención especial o algún tipo de ajuste menor. Incluya afecciones como el asma o alergias (por ejemplo: al maní, las picaduras de abejas, etc.) Si no hay ninguna, por favor indicar "ninguna".*

Does your child or youth take any medications? / *¿Está su hijo(a) tomando algún medicamento?*

Yes / *Sí* ___ No ___

If "yes", please provide a list. / *Si responde "sí", provea una lista de medicamentos.*



MEDICATION AUTHORIZATION AND PERMISSION FORM

Location: _____

Part A to be completed by a licensed physician unless copy of prescription and original prescription bottle is provided containing the information requested in Part A.

I hereby request that my son/daughter be allowed to take the following medication(s) at the Location identified above and/or at a Location sponsored field trip, event or activity.

Last Name of Minor

First Name

Sex

Birth Date

Name of Medication: _____

A. Physician's Instructions. (Complete where applicable)

Purpose of Medication or Diagnosis

Dosage Prescribed

Date/Time Schedule

Dose Form (tablet/liquid)

Please notify this office if patient misses medication ____ Yes ____ No

Medication may have adverse effects (explain) _____

Special instructions and/or comments: _____

Print Name of Licensed Physician

Signature of Licensed Physician

Date

Physician Address and Phone Number

B. Permission for Administration of Medication and/or Testing at Location and/or at Location sponsored Field Trip/Event/Activity: I request that my son/daughter identified above, be permitted to carry and use emergency medication (inhaler, epi-pen, insulin, etc.) and/or test for levels of blood sugar at the Location identified above and/or at a Location sponsored field trip/event/activity as prescribed by the physician above. I acknowledge and understand that no health care professional or other trained adult may be available at the Location or at the field trip/event/activity to assist, monitor or supervise my son/daughter's self-administration of medication or testing unless arrangements have been made in advance. In the event that my son/daughter is unable to self-administer or self-test, I agree that Location staff/chaperones may assist my son/daughter to the extent possible under the circumstances, but neither they nor the Location shall be liable for any adverse consequences or injury. I hereby give the Location staff/chaperones permission to call paramedics to render treatment to my son/daughter should that be necessary and to release medical information to first responders for that purpose. For all other medications, my son/daughter and I will comply with the Location's policies and procedures and will provide the Location with any medication my son/daughter requires in its original prescription bottle.

Parent/Guardian Name: _____ Emergency phone number: _____

Parent/Guardian Signature: _____ Date: _____



STUDENT AND YOUTH ACTIVITY PERMISSION FORM

School/Parish/Other Archdiocesan Sponsoring Entity ("Location"): _____

Place and Date of Event/Trip: _____

Activity: Field Trip ___ Retreat ___ Other (specify) _____ Purpose: _____

Description of Activity: _____ See Attached: _____

Mode of Transportation: _____ Total Field Trip Cost \$ _____

Teacher/Adult Leader: _____ Attire: _____

Minor's Name: _____

Address: _____

Date of Birth: _____ Male ___ Female ___ Grade ___

I request that my child be permitted to participate in the above activity. I am not aware of any physical or medical condition my child has that would prevent my child from participating fully in this activity.

My son/daughter has the following medical needs, allergies or dietary restrictions _____

If my child needs to take medication while participating in this activity, I hereby give my child permission to self-administer his/her medication in accordance with the *Medication Authorization and Permission Form*, and, if my child cannot self-administer, I give permission to the responsible staff members or chaperones to administer or to assist in the administration of my child's medication. I also give permission to the responsible staff members, chaperones, medical practitioners and medical facilities to use their judgement in obtaining and providing medical treatment for my child should it become necessary to do so. I understand that health insurance benefits through the Location, if any, may have limited application, and that I am entirely responsible for the cost of all medical treatment provided to my child. I agree to reimburse the Location for the cost of any medical treatment and related expense incurred.

Release of Liability: As a condition of participating in this activity, I hereby hold harmless, release and discharge The Roman Catholic Archbishop of Los Angeles, a corporation sole, Archdiocese of Los Angeles Education & Welfare Corporation and the Location, their respective agents and employees and any parent/volunteer/chaperone, from any and all liability, loss or claims for personal injuries, wrongful death or property damage that I or my child may suffer as a result of participation in the activity described above.

Parent/Guardian Date

Home Phone Cell Phone Work Phone

Person to Notify in case of Emergency if Parent or Guardian is unavailable:

Name: _____ Phone: _____

Health Insurance Company: _____ Policy No.: _____

To be filled in by Location

To be filled in by parent/guardian



PARENTAL/GUARDIAN'S PERMISSION FOR ACCESS TO THE INTERNET

A safe environment for all members of the community should be the hallmark of Catholic locations that engage in electronic communications. This is accomplished, in part, by fostering a climate based on Gospel values that emphasizes the dignity of and respect for all persons. Words, actions, or depictions which violate the privacy, safety, or good name of others are inconsistent with that goal.

This policy applies to all communications, attachments or depictions through email, text messages, social media or website postings, whether they occur on the location's network or through private communications, which:

- (1) threaten, libel, slander, malign, disparage, harass or embarrass members of the community;
- (2) are of a sexual nature; or
- (3) in the discretion of the person in charge cause harm to the location or their communities ("Inappropriate Electronic Conduct").

Inappropriate Electronic Conduct shall be subject to the full range of disciplinary consequences. The school principal (for school matters), the pastor, priest administrator or parish life director (for parish activities) or the person in charge (for other locations) shall investigate and act upon all reported or observed instances of Inappropriate Electronic Conduct.

Students, parents/guardians, members of the location staff and volunteers are expected to report promptly to the person in charge all suspected or observed instances of Inappropriate Electronic Conduct.

The location at any time may add additional rules and restrictions. The location has the right to monitor all use of electronic communications as set forth in the [Archdiocesan Acceptable Use and Responsibility Policy for Electronic Communications \("Archdiocesan AUP"\)](#).

I hereby release _____
and the Roman Catholic Archdiocese of Los Angeles, its personnel and any other institutions with which it is affiliated, from any and all claims and damages of any nature arising from my child's use of, or inability to use, the internet, including, but not limited to claims that may arise from the unauthorized use of the system to purchase products or services.

I will instruct my child regarding Inappropriate Electronic Conduct. I will emphasize to my child the importance of following the rules for personal safety.



As the parent/guardian of this student, I have read the Archdiocesan Acceptable Use and Responsibility Policy for Electronic Communications and any supplemental local policy, if applicable. I hereby give my permission for my child to use the internet, subject to those policies and will not hold _____ or the Roman Catholic Archdiocese of Los Angeles liable as a result of my child's use of the internet on school premises. I understand that my child has agreed not to access inappropriate material on the internet.

Name(s) of Child(ren):

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

**[A COPY OF ARCHDIOCESAN AUP can be accessed at
http://handbook.la-archdiocese.org/chapter-10/section-10-3](http://handbook.la-archdiocese.org/chapter-10/section-10-3)**



**PERMISSION TO WALK/BIKE/DRIVE FROM LOCATION AND
LOCATION'S SPONSORED EVENTS**

I, _____ (name of parent/legal guardian), give my permission for my minor child, _____ (name of minor) to be released from _____ (name of school/parish/other location) (“Location”) or a Location-sponsored event to walk, ride a bicycle or drive otherwise leave the Location or the Location-sponsored event on his/her own.

I understand that once my child has left the Location, my child may not return and is no longer the responsibility of the Location or of school or parish personnel.

I, on behalf of myself, my child, spouse, heirs and family members, hereby release, discharge, indemnify, defend and hold harmless Location, its administration, staff, clergy, employees, officers, volunteers, agents, and representatives from any and all claims, losses, accidents, injuries, causes of action, liability or damages arising out of, or relating to the release and/or transportation of my child in accordance with this permission form.

***NOTE:** This form is a supplement to any other pick up and release permissions the Location may require and will remain in effect until the end of the _____ school year or _____ (date), as applicable, or until the undersigned revoke this permission in writing.*

Parent/Guardian Name (Printed): _____

Signature: _____ Date: _____

