

# 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)*

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Parish Name / *Nombre de la parroquia*

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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:***

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First and Last Name / *Nombre completo*

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

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

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Name of Family Doctor / *Nombre del médico familiar*

Phone # / *No. de teléfono*

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Name of Family Dentist / *Nombre del dentista familiar*

Phone # / *No. de teléfono*

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Medical Insurance Carrier / *Compañía aseguradora de salud*

Carrier Policy # / *No. de póliza*

Group # / *No. grupo*

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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".***

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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.*



**Earthquake or Disaster Release Information / Información sobre el paradero de su hijo(a) en caso de emergencia o terremoto**

This section must be completed for each child or youth by a parish staff or leader, in the event of an earthquake or other disaster. / *Esta sección debe ser completada para cada hijo(a) por una persona que es empleada o líder en la parroquia, en caso de un terremoto u otro desastre.*

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Name of Child or Youth #1 / *Nombre complete del hijo(a) #1*

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Name of Child or Youth #2 / *Nombre complete del hijo(a) #2*

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Name of Child or Youth #3 / *Nombre complete del hijo(a) #3*

Was (were) released to: / *Su hijo(a) fue(ron) entregado(a)(os/as) a:*

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Date & Time: / *Fecha y hora:* \_\_\_\_\_

Location to where the child(ren) or youth was taken: / *Lugar a donde fue llevado su hijo(a):*

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Parish staff or leader releasing the child: / *Empleado o líder parroquial que entregó a su hijo(a):*

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**PARENT OR GUARDIAN SIGNATURE / FIRMA DEL PADRE, MADRE O GUARDIÁN**

By signing this form, I understand that the parish does not assume responsibility for payment of physician. However, in an emergency the parish may choose a physician. In an emergency, I give the parish permission to have my child(ren) or youth receive medical treatment. / *Al firmar esta forma, entiendo que la parroquia no asume responsabilidad financiera por los servicios de un(a) doctor(a). Sin embargo, en una emergencia, doy permiso a la parroquia para que seleccione a un doctor(a). En caso de emergencia, doy permiso para que la parroquia obtenga tratamiento médico para mi(s) hijo(s) o hija(s).*

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Signature / *Firma*

Date / *Fecha*



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

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

**Name of Location:** Our Lady of Perpetual Help - Confirmation Program

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:**

Confirmation classes, activities and retreat

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**Duration of Release:** September 2025 - May 2026

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***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 2: Boundaries and Bullying**  
**2025 – 2026 Permission Slip**

**To: 2025 – 2026 Confirmation Parents**

**From: *Our Lady of Perpetual Help Confirmation***

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

**Date: Fall 2025**

The staff of *Our Lady of Perpetual Help Confirmation* and the Archdioceses of Los Angeles are committed to your child’s safety and well-being. We present the Empowering God’s Children and Young People© Safety Program to our students each year. Child sexual abuse continues to afflict our society. There is an ongoing need for children and young people to be empowered with the knowledge and tools to keep themselves and others safe from harm. This Archdiocesan Program includes a catechetical connection that highlights God’s love and desire for the health and safety of all children and young people.

We will be presenting “**Year 2, Boundaries and Bullying.**” This lesson teaches the “Five Body Safety Rules and how to identify “Safe Adults and Unsafe Adults.” This program has proved invaluable in empowering our children and young people to know they have a voice and the power to keep themselves safe!

The program will be presented to our students during **December 2025**. Parents or guardians must give permission for their child(ren) to participate in this ***Safety Program*** by returning the completed *permission slip* below. If you would like additional information regarding the *Safety Program* or to review the materials **Cristina Dominguez** [cristina@olphscv.org](mailto:cristina@olphscv.org).

**Our Lady of Perpetual Help Church**  
**Confirmation Program**  
**Empowering God Children and Young People© Safety Program**  
**Year 2: Boundaries and Bullying**  
**Parent/Guardian Permission Slip**  
**2025– 2026**

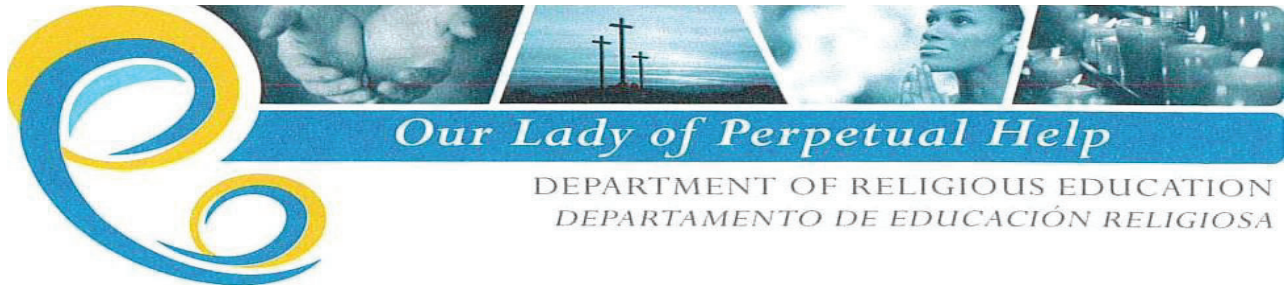
My signature below confirms that my child, \_\_\_\_\_ has my permission to participate in the *Empowering God’s Children and Young People© Safety Program* “Year 2: “Boundaries and Bullying.” I understand I must complete and return this Parent/Guardian Permission Form **for each child participating by September 9, 2025**

Child’s Name (printed): \_\_\_\_\_

Parent/Guardian Name (printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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



## **STUDENT BEHAVIOR CONTRACT CONFIRMATION PROGRAM**

Students enrolled in the Confirmation Program of Our Lady of Perpetual Help are expected to actively participate and behave appropriately. This helps to make the process meaningful and keep the environment safe for everyone involved. It is important that the rules and expectations are clearly understood by everyone.

### **There will be cooperation and participation.**

- Students are expected to actively participate in all Confirmation activities and in the life of Our Lady of Perpetual Help Church, including Sunday Mass.
- Students are expected to participate in and complete all Confirmation program requirements, including Catechetical Sessions, Retreats, and Parish/Community Service Hours.

### **There will be respect for people.**

- Students will cooperate with and follow the instructions of all members of the Confirmation Team, parish clergy, parish staff, catechists, and anyone else assisting with Confirmation activities.
- Students will not be disruptive (e.g., speaking out of turn, unnecessary noise, inappropriate activity, etc.) during Confirmation activities.
- Students will show respect towards Catechists and with each other.
- Any form of abuse towards others (including bullying), whether verbal, physical, or online, will NOT be tolerated.

### **There will be respect for property.**

- The property of Our Lady of Perpetual Help Church and its surroundings, as well as any other location (e.g., retreat centers) in which we have Confirmation activities, will not be damaged, marked, or vandalized in any way.
- Things that do not belong to a student will not be damaged and will not be borrowed or moved without the owner's permission.
- Any activity sheets distributed to students will be given to the Confirmation Team after use. They must not be tampered with or misused at any time during Confirmation activities.

**There will be concern for security and respect for the law.**

- Candidates will NOT bring weapons of any kind to Confirmation activities.
- Candidates will NOT be in possession of, or under the influence of, alcohol and/or over-the-counter drugs when participating in Confirmation activities.
- Candidates will NOT be in possession of any tobacco products in Confirmation activities.
- There will be NO fights of any kind.
- All bags that will be brought to the retreat will be inspected by the Confirmation Team.

If these guidelines are not followed, appropriate action will be taken. This could include (but is not limited to) a student being sent home after an activity, a parent/guardian meeting, reimbursement for damages, or expulsion from the Confirmation program.

I have read these guidelines and I agree to abide by them.

Student's signature \_\_\_\_\_ date \_\_\_\_\_

Student's name (printed) \_\_\_\_\_

Parent's signature \_\_\_\_\_ date \_\_\_\_\_

Parent's Name (printed) \_\_\_\_\_

**ARCHDIOCESE OF LOS ANGELES  
BOUNDARY GUIDELINES AND CODE OF CONDUCT FOR MIDDLE  
AND HIGH SCHOOL YOUTH WORKING OR VOLUNTEERING  
WITH CHILDREN/YOUTH**

**GENERAL INSTRUCTIONS ON USE OF THIS FORM**

To ensure the safety of children and youth in the Archdiocese of Los Angeles, all middle and high school youth, including students who are already 18, who work or volunteer with children/youth in co-curricular school programs or parish ministries must receive training on Boundary Guidelines from the adult in charge before beginning their ministry. The youth worker/volunteer and their parent/guardian must sign this Code of Conduct form to verify they understand their obligations.

The signed form should be kept in the youth worker/volunteer file.

**Code of Conduct for Youth Workers/Volunteers**

I have agreed to work or volunteer with fellow youth or younger children. I promise to behave as Jesus would want me to do – to treat others with respect and kindness. I understand that to help me guide my behavior, I must follow the rules in this Code of Conduct.

I understand that if I break the rules of this Code of Conduct, I may be removed from my volunteer or work assignment and that my parent/guardian will also be notified, as appropriate. If I am dismissed while on a trip, I will be sent home at the expense of my parent/guardian.

**As a Youth Worker/Volunteer, I will:**

- Be a charitable, tolerant Christian.
- Behave according to the teachings of the Roman Catholic Church.
- Treat everyone with whom I interact with respect, patience, integrity, courtesy and dignity.
- Make sure that children or youth in my care are safe.
- Use positive reinforcement whenever possible.
- Report to an adult in charge of the program or ministry if I see, hear or suspect anything that makes me uncomfortable or that makes me think that another person is in danger or has been harmed.
- Inform the adult in charge if I sense that a child/youth I am working with is getting a crush on me.
- Dress appropriately and not wear any clothing with offensive messages or pictures.
- Carefully consider my leadership role before participating in private visits, parties or other activities with the children/youth I am working with and discuss any questions or concerns with



the adult in charge of the program or ministry. Pre-existing relationships with families or peers in the program or ministry should be shared with the adult in charge of the program or ministry.

- Consider my role as a leader before giving any gifts to children/youth in my program or ministry and discuss with the adult in charge the appropriateness of any gifts I may wish to give.
- Be familiar with and follow the Acceptable Use Policy for use of all electronic devices, including those provided to me as well as my personal devices. The Acceptable Use Policy can be found here: <https://handbook.la-archdiocese.org/chapter-10/section-10-3>

**As a Youth Worker/Volunteer, I will not:**

- Do anything I know to be illegal or immoral.
- Smoke, vape or use tobacco, marijuana, or other related products.
- Use, have or share alcohol or illegal drugs.
- Verbally threaten, bully, tease or physically abuse anyone.
- Use profanity.
- Use inappropriate physical discipline or discipline that frightens or humiliates a child/youth.
- Touch a child/youth in a sexual, overly-affectionate or other inappropriate manner.
- Sexually harass, request sexual favors from, or make sexually explicit statements to anyone.
- Become inappropriately friendly with the children/youth I am working with through, social media (for example, Snapchat, Instagram, Facebook, Twitter) other forms of communication.

I have read and understand the Archdiocese of Los Angeles **Boundary Guidelines and Code of Conduct for Middle and High School Youth Working or Volunteering with Children or Youth.**

Print Student Name: \_\_\_\_\_ Position: BBQ-Kiddie Booth - VBS

Signature of Youth Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

I have read and understand the above Guidelines and agree to support my child in following them. I agree that I am ultimately responsible for my child's behavior, and agree to accept the consequences, which may include dismissal from the program or ministry, if my child does not follow the Guidelines.

Print Parent Name: \_\_\_\_\_

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



**OUR LADY OF PERPETUAL HELP CHURCH**  
**Santa Clarita, CA**  
**Confirmation Program Dismissal Permission Slip**

I, \_\_\_\_\_, am responsible for pickup of my child, \_\_\_\_\_, from church grounds and/or off-site event premises. I understand that Our Lady of Perpetual Help will not require my signature to release said child.

I understand that my child will, therefore, be permitted to leave the church/off-site premises. As a result, I am assuming full responsibility for my child's safety since no one from the school will know where my child went after he/she leaves the church/off-site premises.

I understand and agree that Our Lady of Perpetual Help Church ("Church"), its officers, agents, employees, and volunteers are not responsible, nor does the Church assume liability for any injuries, losses or damages related to and/or resulting from my decision to have my child leave church/off-site premises unescorted. As such, I am accepting full responsibility for any injury, loss or damage which may occur in connection with the release of my child from church/off-site premises unescorted. I hereby indemnify, release and hold the Church, its officers, agents, employees and volunteers harmless from any liability, loss, damage, claims or actions, including reimbursement of reasonable attorney's fees, that may arise out of and in connection with my decision to authorize my child to leave church/off-site premises unescorted.

This notice shall be valid for the entire school year, September 9, 2025, through May 31, 2026 unless I advise the Confirmation Coordinator in writing otherwise.

A separate form must be completed for each child.

\_\_\_\_\_  
Print Name of Student

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

\_\_\_\_\_  
Signature

Dated: \_\_\_\_\_

## 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 Our Lady of Perpetual Help, Santa Clarita ("Location") or a Location-sponsored event ("Location") 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 May 31, 2026, or until the undersigned revoke this permission in writing.*

Parent/Guardian Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

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





STUDENT AND YOUTH ACTIVITY PERMISSION FORM

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

Place and Date of Event/Trip: Saint Andrew's Abbey 03/13/2026- 03/15/2026

Activity: Field Trip  Retreat  Other (specify) \_\_\_\_\_ Purpose: Faith

Description of Activity: Year 2 Retreat

Mode of Transportation: Bus

Teacher/Adult Leader: Cristina Dominguez Attire: Warm

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

