



Permission for the Publication of Participant's Work/Pictures 2017-18

I understand that from time-to-time the Youth Faith Formation office may wish to publish examples of participant's projects, photographs of participants, and other work on an Internet accessible World Wide Web server or in other media. Student projects, photographs, and other work posted on the Internet or in other media will include only the student's last name's initial and first name.

Web Site / Internet

I acknowledge that the St. Monica Catholic Community's web site content is not private and can be reviewed, copied, downloaded and transmitted by anyone with access to the Internet and that the St. Monica Catholic Community has no control over this. I hereby waive, release, and forever discharge any and all claims, demands or causes of action against St. Monica Catholic Community and its clergy, staff, employees, agents, contractors and any other person, organization or entity assisting them in connection with the posting of information on the web site for damages or injuries in any way related to, connected to or arising from the publishing or posting of information on the St. Monica Catholic Community's Internet web site or the use of that information and expressly assume the risk of any injury or damage resulting from said posting of information on the web site.

Other Media

I hereby waive, release, and forever discharge any and all claims, demands, or causes of action against the St Monica Catholic Community and its clergy, staff, employees, agents, contractors and any other person, organization, or entity assisting them in connection with publishing in other media, for damages or injuries in any way related to, connected to, or arising from the publishing or the use of that information, and expressly assume the risk of any injury or damage resulting from said publishing.

Authorization in Effect

I further understand and agree that this authorization remains in effect until such time as it is withdrawn in writing. I understand that if I change my mind relating to this authorization, that I will submit another authorization form to the Youth Faith Formation office.

PLEASE KEEP THIS FOR YOUR RECORDS.

Sign and return the two consent forms on the next page.

Name of Child: _____ Age: _____

Permission for the Publication of Work/Pictures

Please initial below to indicate consent:

_____ **Electronic and Print Media:** My child's first name, voice, work and photograph can be published in our parish bulletin which is also on our website. Common examples of usage would be printing a photo in the parish bulletin or on a Youth Faith Formation flyer. We also use a closed Facebook group page from time to time. Please note, that if your child is making their sacraments this coming year, photos and live stream are part of the ceremony.

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____

Participation and Medical Release 2017-18

I hereby grant permission for non-prescription medication (such as aspirin, Tylenol or Ibuprofen) to be given to my child, if deemed appropriate. A parent will be contacted prior to administering any non-prescription medication.

Yes No

I, the parent (guardian) of the above named child, hereby give my permission for his/her participation in the activities named above. I agree to direct my child to cooperate and conform to directions and instructions of parish, school, or archdiocesan personnel responsible for youth activities. As a condition of my child being allowed to do so, through this document, I hereby release and discharge the Archdiocese of Los Angeles, its constituent organizations including but not limited to The Roman Catholic Archbishop of Los Angeles, a Corporation Sole, St. Monica Parish Community, and their officers, employees and volunteers from any and all claims for personal injuries or property damage that (s)he may suffer as a result of his/her participation in the activity described above, whether or not such injuries or damages are caused by the negligence, (active or passive), of any of the entities, or individuals named or described above.

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

In the event of a medical emergency, I hereby give permission to transport my child to a hospital for emergency medical treatment. I give permission to the youth activities supervisory personnel then present to seek medical treatment should it be necessary form my son/daughter and to authorize any and all appropriate tests and treatment deemed necessary by the attending physician in the case of medical emergency. This authority is granted only after a reasonable effort has been made to reach me.

Parent /Guardian Signature: _____ Date: _____





VIRTUS *Touching Safety* Program for Children and Young People

The Youth Faith Formation Office at St. Monica is committed to your child's safety and well-being. Almost daily, we hear of incidents of child sexual abuse happening, which is why learning how to prevent it is so important. We as adults must learn how to keep our children and young people safe, as well as teach them to keep themselves safe.

In all Religious Education classes, we will present a sexual abuse prevention program called VIRTUS *Touching Safety* to our students. The creators of the *Protecting God's Children*™ Program developed the *Touching Safety* Program which consists of "Five Safety Rules" children need to learn to keep themselves safe. They will also learn about internet and technology safety, setting boundaries, bullying, and related topics.

This program is provided to us by the Archdiocese of Los Angeles and is a part of our ongoing effort to help create and maintain a safe environment for children and to protect all children from sexual abuse. For more information on the *Touching Safety* Program, visit the VIRTUS *Online*™ website at www.virtus.org.

Parents are invited to a presentation on this topic on January 25, 2018. If you have questions about the program, or would like to preview any of the materials or DVDs prior to January, please feel free to contact the Associate Director of Faith Formation, Jenna Clingingsmith at jenna@stmonica.net or (310) 566-1543. (Please detach and sign the form below and return it to the Parish Office)

Parent Permission for the VIRTUS *Touching Safety* Program 2017-18

I understand that for my child to participate in the VIRTUS *Touching Safety* Program, I need to fill out and return this Parent Permission to the Parish Office. I am specifically requesting that the Youth Faith Formation Office at St. Monica present the *Touching Safety* Program to my child:

Name of Child: _____ **Date:** _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____