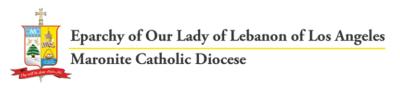


#### 2022-23 INSURANCE INFORMATION

PARENTS: To ensure your child's safety in an emergency situation, it is imperative that the following information is on file at the church BEFORE YOUR CHILD MAY ATTEND ANY ACTIVITY. This form will accompany your child each time he/she leaves the church property for any reason, and will ensure our being able to act on your behalf in an emergency situation when neither parent nor the emergency contact listed is able to be reached.

Month Day Year     CHILD: Last First Middle     GRADE: DATE OF BIRTH: Month Day Year     CHILD: Last First Middle     GRADE: DATE OF BIRTH: Month Day Year     CHILD: Last First Middle     GRADE: DATE OF BIRTH: Month Day Year     CHILD: Last First Middle     GRADE: DATE OF BIRTH: Month Day Year	PARISH NAME:					
HILD:       Last       First       Middle         GRADE:       DATE OF BIRTH:       Month       Day       Year         HILD:       Last       First       Middle         GRADE:       DATE OF BIRTH:       Month       Day       Year         HILD:       Last       First       Middle         GRADE:       DATE OF BIRTH:       Month       Day       Year         HILD:       Last       First       Middle         GRADE:       DATE OF BIRTH:       Month       Day       Year         GRADE:       DATE OF BIRTH:       Month       Day       Year	ARISH LOCATION (City and	d State):				
Last     First     Middle       iRADE:     DATE OF BIRTH:     Month     Day     Year       HILD:     Last     First     Middle       iRADE:     DATE OF BIRTH:     Month     Day     Year       HILD:     Last     First     Middle       iRADE:     DATE OF BIRTH:     Month     Day     Year       HILD:     Last     First     Middle       iRADE:     DATE OF BIRTH:     Month     Day     Year       HILD:     Last     First     Middle       iRADE:     DATE OF BIRTH:     Month     Day     Year       HILD:     Last     First     Middle       irred:     Month     Day     Year	AMILY LAST NAME:					
GRADE:DATE OF BIRTH: CHILD:Last First Middle GRADE:DATE OF BIRTH: CHILD:Last First Middle GRADE:DATE OF BIRTH: Last First Middle GRADE:Last First Middle GRADE:Last First Middle	CHILD:					
Month Day Year   HILD:   Last First Middle   First   Month Day Year   HILD:   Last First Middle   First Middle   Month Day Year   HILD:   Last First Middle   First Middle   Month Day Year	Last		First	Μ	liddle	
CHILD: Last First Middle   SRADE: DATE OF BIRTH: Month Day Year   CHILD: Last First Middle   SRADE: DATE OF BIRTH: Month Day Year   CHILD: Last First Middle   SRADE: DATE OF BIRTH: Month Day Year   CHILD: Month Day Year   CHILD: Month Day Year	RADE:DATE O	F BIRTH:				
Last First Middle   SRADE: DATE OF BIRTH: Month Day   Last First Middle   SRADE: DATE OF BIRTH: Month   Last First Middle			Month	Day	Year	
BRADE:DATE OF BIRTH:   Month Day   HILD:						
Month Day Year     CHILD: Last First Middle     GRADE: DATE OF BIRTH: Month Day     CHILD: Last First Middle     GRADE: DATE OF BIRTH: Month Day     Year     Month Day Year	Last		First	Middle		
CHILD: Last First Middle  GRADE: DATE OF BIRTH: Month Day Year  CHILD: Last First Middle  GRADE: DATE OF BIRTH: Month Day Year	GRADE:DATE O	F BIRTH:				
Last       First       Middle         GRADE:       DATE OF BIRTH:       Month       Day       Year         CHILD:       Last       First       Middle         GRADE:       DATE OF BIRTH:       Month       Day       Year         Month       Day       Year         Month       Day       Year			Month	Day	Year	
GRADE:			First	Middle		
Month Day Year CHILD: Last First Middle GRADE:DATE OF BIRTH: Month Day Year						
CHILD:Last First Middle	GRADE:DATE O	F BIRTH:				
Last     First     Middle       GRADE:     DATE OF BIRTH:     Month     Day     Year			WOITT	Day	Tear	
Last     First     Middle       GRADE:     DATE OF BIRTH:     Month     Day     Year	HILD:					
Month Day Year			First	Middle		
Month Day Year	GRADE:DATE O	F BIRTH:				
ADDRESS:			Month	Day	Year	
ADDRESS:						
	DDRESS:					
City State Zip Code		,	State		Zip Code	

\*Please complete all sides of this form and return to the Parish Office



## A. \_\_\_\_I/WE HAVE HEALTH INSURANCE AS FOLLOWS: (If you checked this line, please complete and sign below).

NAME OF EMPLOYER IF COVERED UNDER COMPANY POLICY					
HEALTH INSURANCE COMPANY:					
GROUP/ID POLICY NUMBER:					
I understand that in the event of a serious accident or illness,					
may take whatever arrangements seem necessary.	(Parish Name)				
I release The Eparchy of Our Lady of Lebanon of Los Angeles and all of its parishes, and I agree to protect, defend, indemnify, and hold harmless such parties from and against any and all losses, liabilities, expenses, and causes of action for personal injury or illness arising out of or resulting from, at any time, directly or indirectly, my child's/children's participation in					
activities, on and off church property.	(Parish Name)				
Parent Signature: Daytime Phone Number(s):					

# **B.** \_\_\_\_I/WE HAVE NO HEALTH INSURANCE: (If you checked this line, please complete and sign below).

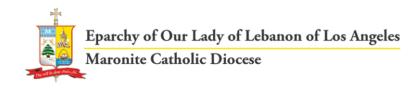
My child/children, listed on the front of this page, is/are not covered under my health insurance policy. I understand that in the event of a serious accident or illness, \_\_\_\_\_\_ (Parish Name) will try to contact one or both parents. If neither one is able to be reached, I understand that the staff will try to reach the emergency contact and physician listed on my family's Emergency Card and to follow their instructions. If it is impossible to reach the physician, The Eparchy of Our Lady of Lebanon of Los Angeles and all of its parishes may take whatever arrangements seem necessary.

However, because my child/children is/are not covered under any health insurance, I understand that my child/children would, in the event emergency room/hospital care is necessary, be taken to the nearest emergency room/hospital, and consequently, I release The Eparchy of Our Lady of Lebanon of Los Angeles and all of its parishes, and I agree to protect, defend, indemnify, and hold harmless such parties from and against any and all losses, liabilities, expenses, and causes of action for personal injury or illness arising out of or resulting from, at any time, directly or indirectly, my child's/children's participation in \_\_\_\_\_\_\_ activities, on and off church property.

(Parish Name)

Parent Signature:	Date:	
Daytime Phone Number(s):		_

\*Please complete all sides of this form and return to the Parish Office



#### Media Release Form 2022-2023

I hereby grant permission to The Eparchy of Our Lady of Lebanon of Los Angeles and all of its parishes, to allow my child/children to be photographed/interviewed.

It is my understanding that this photograph/interview or portions thereof will be used for public view.

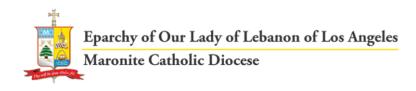
I agree to participate in this project without financial remuneration, and I understand that this releases The Eparchy of Our Lady of Lebanon of Los Angeles and all of its parishes from any future claims as well as from any liability arising from the use of said photograph/interview. I understand from time-to- time the church may wish to publish examples of student projects, photographs and interviews of students, and other work on the Internet Accessible World Wide Web Server.

NAME OF CHILD/CHILDREN: \_\_\_\_\_

(Please print)

SIGNATURE OF PARENT OR GUARDIAN:

DATE: \_\_\_\_\_



### Sacred and Safe Opt Out Form 2022-2023

At some point during the CCE school year, your child will be given age appropriate information provided to our parish by the Eparchy of Our Lady of Lebanon of Los Angeles' Office for the Protection of Minors. This information is meant to teach the children how to recognize and speak up when they are put in an inappropriate or uncomfortable situation.

l,	, the parent/guardian of
Parish Name:	
Parish Location (City and State):	

Hereby inform the pastor, volunteers and staff of The Eparchy of Our Lady of Lebanon of Los Angeles and all of its parishes that the child and or children listed above will not take part in the Sacred and Safe program.

Signature

Date