



Eparchy of Our Lady of Lebanon of Los Angeles
Maronite Catholic Diocese

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.

PARISH NAME: _____

PARISH LOCATION (City and State): _____

FAMILY LAST NAME: _____

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

ADDRESS: _____

_____, _____
City State Zip Code

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



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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, _____ (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, _____ 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: _____ Date: _____
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**



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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.

I, _____, 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