

1042 Temple Terrace, Laguna Beach, CA – 949-494-9701, kdeleo@stcathchurch.org

MAJOR DISASTER EMERGENCY FORM

This form must be on file in the Faith Formation Office.

In the case of a major disaster, all students will remain at the PARISH until released to a PARENT or OTHER AUTHORIZED PERSON.

FAMILY NAME: _____

Names of the children enrolled in St. Catherine of Siena Catholic Church Faith Formation Program:

First Name _____ Last Name, if different _____

Grade _____ Class Day _____ Birth Date _____ Health Needs: _____

First Name _____ Last Name, if different _____

Grade _____ Class Day _____ Birth Date _____ Health Needs: _____

First Name _____ Last Name, if different _____

Grade _____ Class Day _____ Birth Date _____ Health Needs: _____

First Name _____ Last Name, if different _____

Grade _____ Class Day _____ Birth Date _____ Health Needs: _____

First Name _____ Last Name, if different _____

Grade _____ Class Day _____ Birth Date _____ Health Needs: _____

Parents(s) and/or guardian(s): AUTHORIZED to take the children from the parish premises in the event of a **MAJOR DISASTER** are:

Name of Mother _____ Home Phone # _____

Cell phone/pager # _____ Work # _____

Name of Father _____ Home Phone # _____

Cell phone/pager # _____ Work # _____

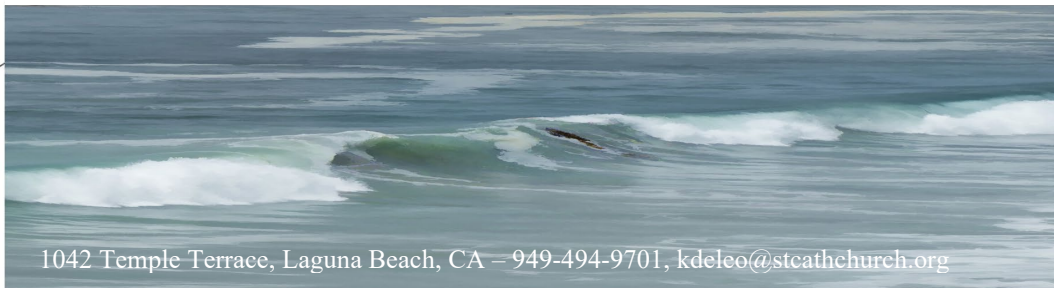
Other adult(s) you designate AFTER CONTACTING PARENTS are:

Name _____ Home Phone # _____

Relationship to child _____ Cell Phone # _____

Name _____ Home Phone # _____

Relationship to child _____ Cell Phone # _____



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CONSENT TO TREATMENT OF A MINOR

I (We), the undersigned parent(s) of _____

_____ a minor(s), do hereby give consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment as authorized by the St. Catherine of Siena Catholic Church Faith Formation Program at any accredited hospital in time of any special emergency or medical disaster. It is understood that this authorization is given in advance of any specific diagnosis, but given to provide authority to any diagnosis, treatment, or hospital care which the physician in the exercise of his/her best judgment may deem advisable. This authorization will remain in effect until May 31, 2026. Any time the above information must be changed, I will notify the Faith Formation Office in writing.

PARENTS OR LEGAL GUARDIAN (signature) _____

Witness (signature) _____

Date: _____

Name of an out-of-town relative to whom information could be given. (optional)

Name _____

Address _____

City _____ State _____ Zip Code _____

Relationship to child _____ Phone No. _____

FOR OFFICE USE ONLY

NAME OF CHILD/CHILDREN

1. _____ RELEASED TO: _____
2. _____ SIGNATURE: _____
3. _____ DATE: _____ TIME: _____
4. _____ RELEASED BY: _____
5. _____

There must be a person designated to take these forms from the office in the event of a major disaster.

PARENT/GUARDIAN PHOTO RELEASE FOR (NONCOMMERCIAL)

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

Name of Location: St. Catherine of Siena Catholic Church, Laguna Beach

The Location intends to use your and/or 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:

Parish and Faith Formation Activities/Events that may take place

Duration of Release:

September 2025 – May 2026

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 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, 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: _____

Please list all children in the family.

| | | | |
|----------------|-------|------|-------|
| Name of Child: | _____ | Age: | _____ |
|----------------|-------|------|-------|

| | | | |
|----------------|-------|------|-------|
| Name of Child: | _____ | Age: | _____ |
|----------------|-------|------|-------|

| | | | |
|----------------|-------|------|-------|
| Name of Child: | _____ | Age: | _____ |
|----------------|-------|------|-------|

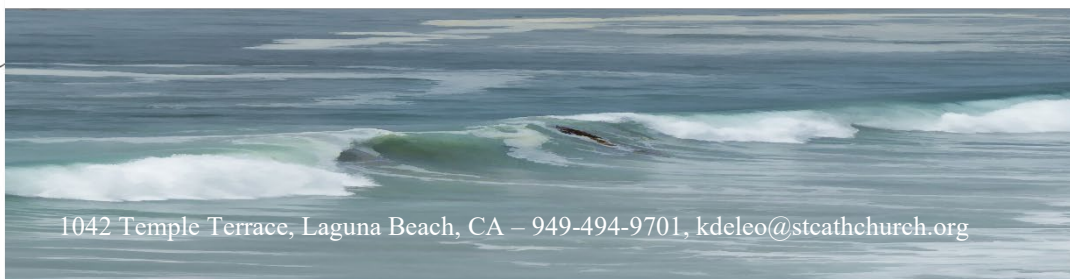
| | | | |
|----------------|-------|------|-------|
| Name of Child: | _____ | Age: | _____ |
|----------------|-------|------|-------|

| | | | |
|----------------|-------|------|-------|
| Name of Child: | _____ | Age: | _____ |
|----------------|-------|------|-------|

Parents Names _____

Parents Authorizations for themselves: I hereby authorize the Location to use the following personal information about us. (Please initial the applicable boxes)

Image: ☐ yes ☐ no **Voice:** ☐ yes ☐ no **Name:** ☐ yes ☐ no **Work:** ☐ yes ☐ no



SAFE ENVIRONMENT TRAINING PROGRAM

Diocese of Orange

Nothing is more important than protecting our children and youth. Since 2002 we have focused our efforts to better achieve that sacred duty. In response to the *Charter for the Protection of Children and Youth*, our schools and parishes have incorporated child abuse prevention training for children, youth, and adults. This training coupled with background screening of all adults working with children and youth has proven a powerful tool against sexual abuse of our most precious members, the children, and youth of our diocese.

Every parish and school in the Diocese of Orange ensures that every child and youth receive safe environment training annually. As part of your child/teen's faith formation experience, he/she will participate in a program that has been approved by the Diocesan Office of Child and Youth Protection.

We at St. Catherine of Siena Catholic Church are committed to your child's safety and well-being. That is why learning how to prevent child sexual abuse is important, not only for us as adults, but also for our children and young people.

For our elementary children we will offer the *Growing with GOD* program which is comprised of six modular lessons for each grade which can be taught in the order that makes the most sense for your program. The content of these lessons reflects the best practices criteria for safe environment training as described in the report on program effectiveness made to the USCCB. The six lessons are: **God Creates Us:** Building confidence, growing spiritually and physically, **Boundaries:** Abuse Prevention, **Friendship and Bullying:** Fostering healthy relationships, **Safety Awareness:** Abduction prevention, **Digital Discipleship:** Safe and healthy habits in online environments, **My Sacred Self:** Catholic family living.

For our teens, we will offer Healthy, Happy, and Holy. The program is faith-based and adheres to sound Catholic doctrine. The goal of the program is to help teenagers realize their dignity and worth as given by God. It will challenge teens to understand what a safe environment is, and why our dignity requires that we work for the safety and respect of everyone.

If you have any questions about the program or would like to review any of the materials please feel free to contact Kellie De Leo, Director of Faith Formation.

Please complete, sign and return this form with your registration form:

Date: _____

Dear: Father Patrick Rudolph/Kellie De Leo

Name of Pastor and Director of Faith Formation

Student(s) Full Name: _____ Grade/FF Session: _____

Student(s) Full Name: _____ Grade/FF Session: _____

Student(s) Full Name: _____ Grade/FF Session: _____

Student(s) Full Name: _____ Grade/FF Session: _____

Faith Formation Program: St. Catherine of Siena City: Laguna Beach, CA 92651

Please initial the following statements that apply:

_____ The Safe Environment Program will be offered to my child as part of his class before the end of January.

_____ It is my choice that my child **does not participate** in the program.

Name of Parent or Guardian: _____

(Please print clearly)

Signature: _____