

PERMISSION SLIP

Our Lady of the Assumption Church
3175 Telegraph Rd., Ventura CA, 93003
(805) 642-7966

This permission slip form is valid ONLY for the listed event below. The named minor MUST also have the **Medical Release Form** on file with Our Lady of the Assumption Church. If the minor does not have both of these forms completed and signed, he/she will not be allowed to attend the listed event/activity. Thank you for your cooperation! For any questions and/or concerns contact Gabriel Rivera, 642-7966 ext. 121

This is a two-sided form—please fill out both sides.

PLEASE PRINT ALL INFORMATION:

Name of Minor: _____

Activity/ Event: All Confirmation Meetings, Confirmation and Youth Ministry Activities and Archdiocesan Events

I, the legal guardian of the above-named minor, request that he/she be permitted to participate in the event(s) sponsored by Our Lady of the Assumption Church. I agree to direct the minor to cooperate and conform with the directions and instructions of the parish or archdiocesan personnel responsible for the event(s). **I also authorize Our Lady of the Assumption to use photographs for educational or promotional purposes in any type of media, including its website.** I agree that in the event the minor is injured as a result of his/her participation in the event(s), including transportation to and from these activities whether or not cause by the negligence (active or passive) of the parish or archdiocesan youth activity program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical or related costs and expenses will first be had against any accident hospital or medical insurance, or any available benefit plan of mine or of my spouse. I am not aware of any medical condition of my child which would render the event(s) inappropriate for him/her to participate in. I hereby give permission to the physician selected by the youth activities supervisory personnel then present, to render medical treatment deemed necessary and appropriate by the physician.

Parent/Legal Guardian Signature

Date

Please PRINT name of the above signature.

(____)_____
Contact Telephone #

Empowering God's Children Safety Program Permission Slip

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The Archdiocese of Los Angeles has developed a K-12, "Empowering God's Children" Safety Program for schools and Religious Education Programs throughout the Archdiocese. This program is designed to help children and young people know they have the power to protect themselves from harmful or threatening situations and to always aim to keep themselves safe and healthy. The Archdiocese of Los Angeles provides the "Empowering God's Children" Safety Program in an ongoing effort to help create and maintain a safe environment for children and youth to be protected from all forms of abuse.

This year we will present the "Empowering God's Children" Safety Program to our students in a class lesson in February. The topic for this year's lesson is Boundaries and Bullying.

Parents/Guardians seeking additional information regarding this program or who would like to review the materials/videos. Please feel free to contact Confirmation Director, Gabriel Rivera, via email at youthministry@ola-vta.org.

For more information on the Empowering God's Children Safety Program, you may visit the VITRUS Online website at www.virtus.org.

I have read the above information on the Empowering God's Children Safety Program.

Parent/Legal Guardian Signature

Date

Please PRINT name of the above signature.

I understand that for my child to participate in the Empowering God's Children Safety Program, I need to fill out and return this portion of the Parent Permission Form. My signature below is my specific request for my child's participation in the Empowering God's Children Safety Program.

Parent/Legal Guardian Signature

Date

Please PRINT name of the above signature.

Please PRINT the Child's name