



What is the 30 Hour Famine?

St. Louise Young People Will Go Hungry So Others Around The World Don't Have To.

Go hungry to help hungry kids

Through fasting, art, video, social media, reflection, games, and prayer, youth will come face to face with the reality of hunger for almost 1 billion people in the world. They will discover how Catholic Relief Services supports people that are hungry in acquiring food and gaining long-term food security. Central to this exploration of faith and justice, participants will be challenged as disciples of Jesus to discover their roles in eliminating hunger across the globe and how together we can make a big difference in communities around the world.

How the Famine works

Every year, hundreds of young people within the San Gabriel Valley and thousands more around the world — unite through the 30 Hour Famine to learn, raise awareness and funds to help feed hungry children and families.

1-Learn about hunger

Our young people eyes will be opened to the truth about global hunger and learn what God wants us all to do about it. Our young people will learn about hunger and poverty by watching videos, hearing speakers from Catholic Relief Services, packaging meals and feeling firsthand what it means to be really hungry.

2-Raise funds to fight hunger

It is our hope that the St. Louise Community is moved by the witness of our young people. During each Mass young people will share about their experience of the 30 Hour Famine and ask our parishioners to prayerfully consider giving to our cause.

3-Go hungry for 30 hours

Young People will grow closer to God and each other as they fast for 30 hours!

We've got tons of activities, community service projects, guest speakers, music and more.

Why Fast for 30 Hour?

One of our main objectives is to live in solidarity with our hungry brothers and sisters around the world. Our fast will allow us to feel what hunger really feels like. Our Catholic faith has a rich tradition of fasting to draw from. Our community defines fasting as abstaining from everything but water or juice.

Is It Safe?

Most people can safely go without food for 30 hours, but there are a few people who shouldn't do it — including kids under 12, the elderly, pregnant or nursing women, and people with certain medical conditions. If you or a parent have any concerns about fasting, be sure to check with a doctor first.

If anyone in your group is unable to participate in a food fast, we've come up with some good alternatives. Contact the Faith Formation Office for details.

Logistics

Arrival- Saturday, January 14th 11:30am

Pick-Up- Sunday, January 15th (after the 5pm Mass)

Location- Msgr. Pierce Hall

THIS IS AN OVERNIGHT EVENT

(See Packing List)

Young People who need to leave the 30 Hour Famine before its completion must give a signed parental note to the Faith Formation Office by check-in.

Juice & Water

100% Juice and water will be available.

Please do not allow your young person to bring sports, energy, coffee, smoothie or "enhanced" water drinks.

Simply put; if the drink is not 100% juice or regular bottled water, don't bring it.

Donations of 100% Juice would be greatly appreciated.

Food

Our fast will officially begin at 12pm on the Saturday of the Famine. You are more than welcome to eat between the 11:30am check-in time and 12pm. If you will be eating during the time mentioned above, we strongly suggest that you completely finish all of your food. Wasted food works against our objective for the weekend. The purpose of this event is to live in solidarity with our hungry brothers and sisters throughout the world. Possession and/or Consumption of food, in all forms, will not be tolerated. Young People in violation of this will be asked prayerfully examine the reason for this event and sent home. Young People with medical conditions which prevent them to fast must contact the Faith Formation Office prior to the event.





St. Louise de Marillac Catholic Church, Covina, CA

HEALTH AND MEDICAL RELEASE FORM FOR YOUTH

Name _____
 Date of Birth _____ Female ___ Male ___
 Address _____
 City _____ Zip _____
 Phone _____

Parish: St. Louise de Marillac Catholic Church
 City: Covina, CA

Is this participant in general good health and able to participate in all activities involved in this event? YES NO

(If no, please submit a statement indicating limitations or serious medical conditions.)

Date of most recent physical exam: _____
 Physician or Clinic: _____
 Address: _____
 Phone: _____

IMMUNIZATION HISTORY: (Please give dates)
 DPT _____ DPT BOOSTER _____ TETANUS BOOSTER _____

ALLERGIES (Please write yes or no next to each)
 Hay Fever _____ Asthma _____ Poison Ivy _____ Sulfa _____ Nuts _____
 Penicillin _____ Bee Sting _____ Other _____

If any of the above is yes, please submit a statement of how the child has been treated and with what medication. Any medication not able to be self-administered must be listed below:

Medication Name: _____
 Dosage: _____
 Frequency given: _____
 Other Information: _____

Operations/Serious Injuries: _____
 Dates for above: _____

Please notify the event coordinator if this child is exposed to any communicable disease during the three weeks prior to activity.

Does the participant have special dietary needs? Yes No
If "Yes", please list:

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I/We, _____ the _____ undersigned, _____ parent(s) of _____ a minor, do hereby authorize as agent(s) **St. Louise de Marillac Catholic Church** for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act of the medical staff of any licensed hospital whether such diagnosis of treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our for said agent(s) to give specific consent to any and all such diagnosis,

treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

I agree that in the event my child is injured as a result of his/her participation in this event, including transportation to and from such activity through the negligence (active or passive) of **St. Louise de Marillac Catholic Church, Covina, CA**, or any of 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, medical insurance, or any available benefit plan of mine or my spouse.

I also, give my child permission to self-medicate except for medications which are listed on the back of this form. I understand that any medications so listed will be dispensed by the Director of First Aid for Famine 2017.

This authorization shall remain effective through **JANUARY 15, 2017**.

☞ _____
Signature of Parent/Guardian **Date**



30 Hours Famine Participation
means that your child will:

- **Miss four main meals by fasting for 30 hours.**
- **Drink only water and juice during those 30 hours.**

About Fasting

The average, healthy person is able to go without food for 30 hours without any ill effects. Exceptions include, but are not limited to, the following:

- Children under the age of 12
- Pregnant or nursing women
- People over the age of 65
- People with diabetes, reactive hypoglycemia, an eating disorder or any combination of biological, psychological, and environmental conditions which could precipitate an eating disorder.

Please note: Because the above medical conditions are not always obvious, if you have any concerns about your child's health when taking part in the 30 Hour Famine, you are strongly encouraged to consult with your child's physician prior to participation. **Your signature consenting to participation in 30 Hour Famine implies that you have taken this precaution and are allowing participation with fully informed consent.**

A modified fast is available if you feel your child may not be physically capable of fasting for 30 hours. Please contact the youth minister if you would like to discuss this option.

☞ _____
Signature of Parent/Guardian **Date**





St. Louise de Marillac

**ARCHDIOCESE OF LOS ANGELES
SPORTS AND YOUTH ACTIVITY
PERMISSION FORM
FORM # E.2.1**

St. Louise de Marillac 30 Hour Famine 2017

January 14th 11:30am-January 15th after the 5pm Mass

This is an overnight event: Bring a change of clothes and sleeping gear.

STUDENT'S NAME _____

PARISH **St. Louise de Marillac, Covina**

HOME ADDRESS _____

STREET _____ CITY _____ ZIP _____

PHONE _____

SCHOOL _____

GRADE _____ BIRTH DATE _____

PARENT/GUARDIAN'S NAME _____

HOME PHONE _____

I, THE PARENT/GUARDIAN OF THE ABOVE NAME CHILD, HEREBY, GIVE MY PERMISSION FOR HIS/HER PARTICIPATION IN THE YOUTH ACTIVITIES NAMED ABOVE. I AGREE TO DIRECT MY CHILD TO COOPERATE AND CONFORM WITH DIRECTIONS AND INSTRUCTIONS OF PARISH, SCHOOL OR ARCHDIOCESAN PERSONNEL RESPONSIBLE FOR YOUTH ACTIVITIES.

I AGREE THAT IN THE EVENT MY CHILD IS INJURED AS A RESULT OF HIS/HER PARTICIPATION IN THE ABOVE MANED YOUTH ACTIVITIES INCLUDING TRANSPORTATION TO AND FROM THESE ACTIVITIES WHETHER OR NOT CAUSED BY THE NEGLIGENCE (ACTIVE OR PASSIVE) OF THE PARISH, SCHOOL OR ARCHDIOCESAN YOUTH ACTIVITIES 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 IT INAPPROPRIATE FOR HIM/HER TO PARTICIPATE IN ANY SUCH ACTIVITY.

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.

PHOTO/VIDEO/VOICE/IMAGE RELEASE

I hereby authorize St. Louise de Marillac Catholic Church to use the following personal information about my child: **Image/visual likeness, Voice, Name, Work** I understand and agree that my child's image, name, voice and/or work will be used for the particular reasons identified above. I further understand and agree that St. Louise de Marillac Catholic Church may use the Personal Information for other non-commercial purposes, including, but not limited to, publicity, exhibits, electronic media broadcasts or research. I understand and agree that the Personal Information, photographs or electronic recordings of my child may be copied, edited and distributed by the Archdiocese/School/Parish in publications, catalogues, brochures, books, magazines, exhibits, films, videotapes, CDs, DVDs, email messages, websites, social media applications, or any other form now known or later developed (the "Materials").

St. Louise de Marillac Catholic Church 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 and 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 the Personal Information now and in the future. While St. Louise de Marillac Catholic Church will take care to maintain the particular intents and purposes of the photographs or electronic recordings, editing may be necessary to obtain the best results. I release and discharge St. Louise de Marillac Catholic Church and its employees and agents from any liability that may arise out of the making or editing of the photographs or electronic recordings, including but not limited to, distortion, blurring, alteration, optical or auditory illusion or use in composite form.

In exchange for St. Louise de Marillac Catholic Church giving my child an opportunity to participate in the class/activity, I hereby agree that neither I, nor my child, will receive monetary compensation, royalties or credit for use of the photographs or electronic recordings by St. Louise de Marillac Catholic Church. I understand and agree that the Archdiocese/School/Parish shall be the owner of all right, title and interest, including copyright, in the photographs, electronic recordings and Materials. If the Archdiocese/School/Parish 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 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, that I will submit another, new authorization form to St. Louise de Marillac Catholic Church. However, my new authorization will not have the effect of revoking this Authorization, and St. Louise de Marillac Catholic Church 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.

RELEASE FOR MEMORIALIZING

I, hereby, authorize the making of photographs, video, recordings, or other memorializing of said event and my participation therein, and the publication or other use thereof. I, hereby, waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use. I also understand that these items will be used solely for memorializing the event and nothing else.

PARENT/GUARDIAN'S SIGNATURE

DATE

PERSON(S) (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY:

NAME

PHONE



What to Bring...

- *Sleeping bag
- *Pillow
- *Warm Comfortable Clothes
- *Closed toed shoes
- *Towel
- *Wash cloth
- *Baby wipes (showers will not be available)
- *Deodorant
- *Tooth brush & Tooth paste
- *Medication (must be checked at arrival)
- *Any other personal toiletries
- *Flash light
- *Camera/phone
- *Feel free to bring a friend (permission slip needed)
- *Refillable water bottle
- *Clothes that can get dirty (sports clothing)

Packing Tips:

- *Wear your clothes in layers
- *Bring extra under garments.
- *Hoodies are awesome for this experience
- *Please try to refrain from the following: blow drier/
curling iron/weave tightener/hair straightener.
- *Pack light: You carry what you pack
- *Check the weather prior to packing.
- * bring your phone

Things not to bring...

Due to the nature of this Famine Experience, we ask you to please leave the following items at home.

- * Food
- *iPads/Tablets/Laptops
- *High Heel Shoes
- *Homework (plan accordingly as time will not be allotted)
- *Illegal drugs (if it's not prescribed to you it's illegal)
- *Alcohol
- *Weapons
- *Drama
- * Sports, energy, coffee, smoothie or “enhanced” water drinks.