

ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY

1. I, the lawful parent or guardian of _____ (the "child"), give permission for my child to participate in the activity described on the reverse and release from all liability and indemnify the Archbishop of Cincinnati ("the Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati and all parishes within the Archdiocese, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity.

2. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.

3a. I appoint the Archbishop or his agents who are acting as leaders of the activity as my attorney in fact to act for me in my name and my behalf, in any way that I would act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity or related travel:

(i) To give any and all consents and authorizations to any physicians, dentist, hospital or other persons or institutions pertaining to any emergency medications, medical or dental treatments, diagnostic or surgical procedures or any other emergency actions as our attorney shall deem necessary or appropriate for the best interest of the child.

(ii) I understand that the agents of the Archbishop will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

3b. This power of attorney shall lapse automatically upon completion of the activity and related travel.

4. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes and office functions.

I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

Signature of Parent or Guardian _____ Date _____

Home Ph# _____ Other # _____

Medical Information — Completed by Parent or Guardian — Please Print

Child's Name _____ Date of Birth _____

Allergies _____ Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Medical Insurance Co. _____ Policy No. _____

Policy Holder's Name _____ Phone _____

Family Doctor _____ Phone _____

ACTIVITY INFORMATION

Completed by Church Agency - Please Print

One Time Activity

Church Agency: Immaculate Conception / St. Lawrence

Activity: , JH Grade Spiritual Survivor

Location: St. Joseph Church, PLC Wapakoneta OH 45895

Site Emergency No.: 419-738-2115

Starting Date/Time: Wed, April 10, 2019

Ending Date/Time: Wed, April 10, 2019

Activities Involved: Group events, games, prayer service

Type of Transportation: IC Students Bus / SL Students by car

Group Leader Telephone No.: Beth Klopfenstein 937-658-0608

Other Information: see note on reverse side

6th 7th & 8th grade Parents:

Please note that on the April 10th CCD class, the JH grade students will be participating in “Spiritual Survivor” at St. Joseph PLC.

IC Students – Bus leaves IC parking lot at 6:35 pm and returns by 9:00pm

SL Students – Car transportation leaves SL Parking Lot at 6:35 pm and returned by 9:00pm

All students need a *completed permission slips* on April 10th.

This is a regularly scheduled CCD class and all students have been paid and registered for this evening. If you have any questions, please let me know. Beth K, CRE 937-693-3535 or 937-658-0608

One Time Activity

No student will be allowed on the bus without completed & signed Permission/Release Activity Form!!!!