

**ARCHDIOCESE OF CINCINNATI**  
**PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY** (rev. 6-2006)

1. I, the lawful parent or guardian of (1) \_\_\_\_\_, (Options for listing additional children follow)  
(2) \_\_\_\_\_, (3) \_\_\_\_\_, (4) \_\_\_\_\_, (the "child (ren)"), give permission for my child (ren) to participate in the activity described on the *Activity Information* form 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 (ren) while participating in or traveling to or from the activity.

2. I agree to instruct my child (ren) 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 consent 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 (ren).

(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 (ren).

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 (ren)'s portrait or photograph for promotional purposes, website 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 (or child if over 18) \_\_\_\_\_ Date \_\_\_\_\_

Child's Name: \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_.

Parent or Guardian Phone No. (w) \_\_\_\_\_ (h) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone No. (w) \_\_\_\_\_ (h) \_\_\_\_\_

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**Medical Information --- Completed by Parent or Guardian --- Please Print**

**\*Sections Provided for Additional Children If Needed\***

(1) Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's Soc. Sec. No. \* \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Chronic Conditions (e.g. epilepsy, diabetes) \_\_\_\_\_

(2) Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's Soc. Sec. No. \* \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Chronic Conditions (e.g. epilepsy, diabetes) \_\_\_\_\_

(3) Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's Soc. Sec. No. \* \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Chronic Conditions (e.g. epilepsy, diabetes) \_\_\_\_\_

(4) Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's Soc. Sec. No. \* \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Chronic Conditions (e.g. epilepsy, diabetes) \_\_\_\_\_

**MEDICAL INFORMATION FOR ALL CHILDREN (list on separate sheet if an information differs)**

Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Member's Name \_\_\_\_\_ Phone No. (h) \_\_\_\_\_ (w) \_\_\_\_\_

Member's Birth date \_\_\_\_\_ Member's Soc. Sec. No. \* \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

**\*Social Security Number is optional. Please note that some hospitals WILL NOT treat without it.**

**ACTIVITY INFORMATION**

**Completed by Church Agency – Please Print**

**A. On-Going Program**

Church Agency \_\_\_\_\_ Holy Angels \_\_\_\_\_ Program or Group \_\_\_\_\_ Man of God \_\_\_\_\_

Starting Date \_\_\_10/1/2014\_\_\_ Ending Date \_\_\_7/31/2015\_\_\_ Registration Fee \_\_\_\$20\_\_\_

Usual Location \_19530 Pence Rd., Maplewood, OH\_\_\_ Usual day and time \_\_\_Sunday 2 pm – 6:30 pm\_\_\_

Routine Activities \_\_\_**Times and locations are subject to change, according to the type of event, weather and season. Activities can include: orienteering, scavenger hunt, shelter setup, knot tying, cooking over campfire, knife safety, tomahawk throwing, food, prayer, and Saint story. Transportation to event location not provided.**

Group Leader \_\_\_Fr. Frank Amberger\_\_\_ Telephone No. \_\_\_\_\_937-498-2307

Other Information \_\_\_\_\_ Emergency Contact: 937-538-0230 \_\_\_\_\_

\_\_\_X\_\_\_ Check here if any additional information is attached. (Note: any additional activity information e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).

Man of God: **Gr 1-3:** 1<sup>st</sup> Sunday of the month 2-4 p.m. **Gr. 4-6:** 1<sup>st</sup> Sunday of the month 4:30-6:30 p.m.

**Gr. 7-8:** 2<sup>nd</sup> Sunday of the month 2-4 p.m., **Gr. 9-12:** 2<sup>nd</sup> Sunday of the month 4:30-6:30 p.m.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date