

ARCHDIOCESE OF CINCINNATI

PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 8-2013)

- 1. I, the lawful parent or guardian of... (the "child"), give permission for my child to participate in the activity described on the Activity Information form...
2. I further understand that my Child's participation is purely voluntary and is a privilege and not a right...
3. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.
4. 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...
5. This power of attorney shall lapse automatically upon completion of the activity and related travel.
6. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes...
7. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio...
I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Medical Power of Attorney shall be effective and binding upon me, my Child, and my own and my Child's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Place of Employment \_\_\_\_\_
Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Parent or Guardian Phone No. (w) \_\_\_\_\_ (h) \_\_\_\_\_
Emergency Contact \_\_\_\_\_ Phone No. (w) \_\_\_\_\_ (h) \_\_\_\_\_

Medical Information — Completed by Parent or Guardian — Please Print

Child's Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_
Child's Soc. Sec. No. \* \_\_\_\_\_
Allergies \_\_\_\_\_ Medications \_\_\_\_\_
Chronic Conditions (e.g. epilepsy, diabetes) \_\_\_\_\_
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
Program: Jr. High Camp 2017 Date: August 7th - August 9th 8 am-4:30pm, 10th - 8 am - 10 pm, 11th - 8:00 am - 12 pm
Location: St. Bartholomew Parish and St. Vivian Parish plus excursions Activities: Mass, ice breakers, games, lunch, field day, bowling, downtown evangelization, reds game, pool party and all transportation to the excursions. Transportation on Thursday will be provided by bus or car caravan.
Group Leader: Amy Staubach Telephone No. for Event: 513-646-0942 (Amy)