

**ARCHDIOCESE OF CINCINNATI**  
**PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY** (rev. 11-2016)

1. I, the parent or lawful guardian of \_\_\_\_\_ (the "child"), give permission for my child to participate in the activity described on the *Activity Information* form (the "Activity") and release from all liability and indemnify the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati, and all parishes and schools within the Archdiocese, and their respective officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys' fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the Activity and further agree not to bring or prosecute or allow to be brought or prosecuted (including but not limited to prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits or actions against the Archbishop, the Archdiocese, and their respective officers, agents, representatives, volunteers and employees.

2. I further understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity in spite of the risks.

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, 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.

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 a photograph, video or other likeness of my child for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities.

7. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

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) \_\_\_\_\_ (c) \_\_\_\_\_

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

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

Child's Name \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Soc. Sec. No. \* \_\_\_\_\_ Grade (Fall 2017) \_\_\_\_\_

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

#### Completed by Church Agency - Please Print

##### On-Going Program

Church Agency St. Ann of Groesbeck Program or Group Middle School Youth Group (Rising 6<sup>th</sup>- 8<sup>th</sup>)

Starting Date 6.1.17 Ending Date 7.21.17 Registration Fee \$20 (Free by May 27)

Usual Location St. Ann of Groesbeck Usual day and time 6:30pm-8:30pm

Routine Activities Theology of the Body Study, Games, Dinner, Small groups

Group Leader Mary Clare McLaughlin Telephone No. 513-729-2810

Other Information The last week of the program 7.23.17-7.27.17 the teens will have the opportunity to participate in Totus Tuus in the evenings and continue their study. Please fill out a separate permission form for this event. Thank you! \*Details on flyers below:



TOTUS TUUS  
**TOTALLY  
YOURS**

*St. Ann Camp*

### ST. ANN SUMMER CAMP!

TOTUS TUUS, Latin for "Totally Yours," is a week-long summer catechetical youth program that combines Catholic religious instruction and having FUN!!! A team of college-age students and seminarians are coming to the parish the week of July 24-28.

The youthfulness and energy of the teachers is an inspiring way to share the faith and their enthusiasm is contagious, so come out and join us!!!

TOTUS TUUS is Monday - Friday 9:00 AM - 2:30 PM for school children going into grades 1-6. The day includes catechetical instruction on our theme - the Mystery of Salvation and Joyful Mysteries of the Rosary, songs and skits that are silly but teach the faith, encounters with the sacraments, particularly Confession and Eucharist, and time for games and recess.

For teens, those entering 7 - 12 grades, a teen program of TOTUS TUUS is Sunday-Thursday 7:00 PM - 9:00 PM with more in-depth discussions on our theme.

Cost per child (per family) is \$15/Child \$30/Family. Teens \$FREE.

To register or if you have any questions,

please contact Mary Clare at the parish office:

mmclaughlin@saintannparish.org | 721-8440 cx. 118

**Your youth are asking foundations questions:  
Who am I? | What is my purpose?**

**Saint Ann's Seminarians Present:**



**All are Invited  
Rising 7th-9th  
Summer Fun | Pizza | Discipleship Groups  
Thursdays 6:30-8:30pm  
June 1-July 27  
\$20 (Free: Sign-Up by May 27)  
Register: [mmclaughlin@saintannparish.org](mailto:mmclaughlin@saintannparish.org)**

**Parent (only) Meeting:  
Thursday, May 27 @ 7pm  
Church**