

**ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY**

1. I, the lawful parent of 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.
3. a. 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 medication, medical or dentist 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.
 b. The 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 date phone

Address City Zip

Work Phone Cell _____

Emergency Contact Name Phone _____

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

Child’s Name _____ Birth Date _____

Allergies _____

Medications _____

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

Medical Insurance Co. _____

Member’s Name _____

Home phone _____ Cell _____ Work phone _____

Family Doctor _____ Phone _____

CHILD PARTICIPATION CONSENT

I give my consent for my son/daughter to participate in any church authorized activities including Youth Ministry, Young Adult Choir, CCD and Sacramental Preparation for the 2017-18 School year.

Student Name _____ Parent Name _____

Parent Signature _____ Date _____

Dear CCD Families-

The first day of classes is Sept. 10th with students attending the classroom. Remember, CCD BEGINS at 9:00 and ends at 10:10. Please make every effort to have your children there on time. The adult formation class runs at the same time. All are welcome! Faith Formation is not a PreK through 12th grade experience; we continue to grow in our faith throughout our life. There is no cost for the adult class.

Please have registrations/permission forms turned in by September 4th if possible. It is important for us to have all of this information prior to your child entering the classroom. Permission/medical forms are good for ALL activities throughout the year. Any CCD, Sacramental Prep or Youth activities will use these permission forms.

Thank you for your cooperation in this matter. You can drop registrations by the Parish Office during the work day, 8am-4pm, put it in the collection basket in a closed envelope marked “CCD Registration,” or mail it to the business office at 225 E. High St., 45505. If you come by after business hours, put it in the black mailbox at the side entrance. If you are receiving this by email, simply complete and email back.

Gratefully Yours in Christ,

Norm, Lisa, and Patty