

**VACATION BIBLE SCHOOL – July 17 – 21, 2017 @ St. Peter in Chains- 9:15 AM TO NOON**  
**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) \_\_\_\_\_

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

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

Child’s Soc. Sec. No. \* \_\_\_\_\_ \* Social Security Number is optional. Please note that some hospitals WILL NOT treat without it.

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. \_\_\_\_\_

## ACTIVITY INFORMATION for VBS St Peter IN Chains July 17 – 21 , 2017

### Completed by Church Agency - Please Print

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; also any additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

#### B. One-Time Activity

Church Agency St. Peter in Chains Activity Vacation Bible School

Location St. Peter in Chains School and Church Emergency No. 513-236-6946 Cost \$5.00

Starting Date and Time July 17, 2017 - 9:30 am Meeting Place St. Pete Gym

Ending Date and Time July 21, 2017 - NOON Meeting Place St. Pete Gym

Activities Involved Crafts, Songs, Games, Bible Stories, Dance, Treats

Type of Transportation (if any) Parent provides transportation

Group Leader Mary Pat Austing or Deacon Jeff Merrell Telephone No. 513-863-1040 or 863-3938

Other Information \_\_\_\_\_

#### ESCUELA Biblica De Vacaciones

##### A. PROGRAMA EN CURSO

Institución de Iglesia St. Peter In Chains San Pietro in Vincoli Church & School

Programa o Grupo Escuela Vacaciones Biblia VBS

Fecha de iniciación 7-17-2017 Fecha de terminación 7-21-2017 Cuota de registro \$5.00

Ubicación habitual 382 Liberty Ave. Hamilton, OH 45013 Día y horas habituales 9:15 AM - 12 PM

Rutina de actividades orando, cantando, actuando fuera de la Biblia, jugar, compartir aperitivos y refrescos

Equipo responsable Deacon Jeff Merrell Teléfono 513-863-3938

Otra Informacion Mary PatAusting cell 513-236-6946

##### B. ACTIVIDAD A REALIZAR

Institución de Iglesia San Pietro in Vincoli Church & School Actividad Escuela Vacaciones Biblia VBS

Localización 382 Liberty Ave. Hamilton, OH 45013 Teléfono 513-863-3938

Fecha y hora de iniciacion 7-17-2017 9:15 AM – 12Pm Sitio de encuentro 7-21-17 NOON

Actividades comprendidas orando, cantando, actuando fuera de la Biblia, jugar, compartir aperitivos y refrescos

Forma de transporte ( si lo hay Padres Llevar a los niños a VBS y recogerlos todos los días

Equipo responsable Deacon Jeff Merrell Teléfono 513-863-3938

Mary Pat Austing 513-236-6946 cell