

ST. MARGARET MARY & CHURCH OF THE ASSUMPTION

2017 VACATION BIBLE SCHOOL

ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY

1. I, the lawful parent or guardian of the “child/ren”, give permission for my child 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 and schools within the Archdiocese (the “Archdiocese”), and their 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 officers, agents, representatives, volunteers and employees.
2. I further understand that my Child’s participation is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, elect to participate 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 my child’s portrait or photograph for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities. (Facebook, texting, etc.)
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
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Activity Information

Church Agency St. Margaret Mary & Church of the Assumption	Group or Program Children’s Faith Formation
Starting Date Monday, June 19, 2017	Ending Date Wednesday, June 21, 2017
Usual Location; Day; Time St. Margaret Mary Church, 1830 W. Galbraith Rd, Cincinnati, OH 45239 ; June 19-21; 6 PM – 8 PM	
Routine Activities Class instruction; crafts; reading; videos; discussions; praying; singing; snacks; games (light physical activity)	
Program Leader – St. Margaret Mary Wilma McGlasson	St. Margaret Mary Leader Telephone Number 513-729-0222
St. Margaret Mary Leader Email wmcglasson@fuse.net	St. Margaret Mary Leader Cell Number 513-641-9568
Program Leader – Assumption Adam Couch	Assumption Leader Office Number 513-521-7274
Assumption Leader Email faithformation.assumption@gmail.com	Assumption Leader Cell Number 480-202-1851
Other Information REGISTRATION INFORMATION DUE JUNE 4. Event is free, free-will offerings accepted at the doors.	

WE GREATLY NEED ADULT VOLUNTEERS!
8th GRADERS AND OLDER ARE ALSO WELCOME TO VOLUNTEER.

Name(s) of Volunteer(s)
Primary Parish <input type="checkbox"/> St. Margaret Mary <input type="checkbox"/> Church of the Assumption
Day(s) Available <input type="checkbox"/> Setup, 6/18 <input type="checkbox"/> Monday, 6/19 <input type="checkbox"/> Tuesday, 6/20 <input type="checkbox"/> Wednesday, 6/21 <input type="checkbox"/> Cleanup, 6/22
Interested Ministry(s) <input type="checkbox"/> Opening/Closing <input type="checkbox"/> Storytelling <input type="checkbox"/> Bible Challenge <input type="checkbox"/> Crafts <input type="checkbox"/> Games <input type="checkbox"/> Snacks <input type="checkbox"/> Team Leader <input type="checkbox"/> Crew Leader <input type="checkbox"/> Decorations <input type="checkbox"/> Media <input type="checkbox"/> Wherever Needed

Family Registration Information

Last Name			
Mother/Guardian Legal Name			
Father/Guardian Legal Name			
Home Address		City	Zip
Best/Emergency Contact Name (Select 1 Parent/Guardian)			
Mother/Guardian Phone #	H	C	W
Father/Guardian Phone #	H	C	W
Mother/Guardian Email			
Father/Guardian Email			

Emergency Contacts (other than mother/father/guardians)

Contact 1 Name	Home Phone	Cell Phone
Contact 2 Name	Home Phone	Cell Phone

Family Medical Insurance Information

Medical Insurance Company		Medical Policy #	
Policy Holder Name	Policy Holder Birth Date	Policy Holder SSN *	
Policy Holder Home Phone		Policy Holder Cell Phone	
Family Doctor		Doctor Phone #	

* Social Security Number is **optional**. Please note that some hospitals WILL NOT treat without it. **Last 4 digits is acceptable.**

Child(ren) Information

Child Name	Age	D.O.B.	Medical Concerns (disabilities, conditions, special needs, etc.)	Allergies (food, medical, etc.)

PLEASE SUBMIT YOUR FORM ON OR BEFORE JUNE 4TH