

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

1. I, the lawful parent or guardian of \_\_\_\_\_, \_\_\_\_\_ (these "children"), give permission for my child to participate in Religious Education Classes, described more fully on the back of this 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 within the Archdiocese, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgements, 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 classes.
2. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the classes.
3. 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 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 medical emergency involving my child.
4. This power of attorney shall lapse automatically upon completion of the activity and related travel.
5. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes and office functions. If you DO NOT wish for your child's photograph to be used, please check here. \_\_\_\_\_
6. **I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.**

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Place of Employment \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone \_\_\_\_\_ Social Security # (optional) \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_

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**Medical Information**

(To be completed by Parent or Guardian – Please print.)

Child's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medications \_\_\_\_\_  
Chronic Conditions (e.g. epilepsy, diabetes) \_\_\_\_\_  
Medical Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_  
Member's Name \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Family/Child's Physician \_\_\_\_\_ Phone: \_\_\_\_\_

## ACTIVITY DESCRIPTION

**Our Parish School of Religion offers formal religion readiness and formal religious instruction in the Roman Catholic Faith following the guidelines of the Archdiocese of Cincinnati and uses textbooks and materials approved by them. Our Early Childhood, Kindergarten, and Grade One meets most Sundays from September and May between 9:30 and 10:30 a.m. Grades Two through Eight meet most Mondays between September and May between 7:00 and 8:15 p.m.**

Please see PSR Calendar for dates and times of activities.

Rev. 5/22/17