

**ARCHDIOCESE OF CINCINNATI**  
**PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 6-2006)**

Release and indemnification agreement, medical power of attorney, and medical information for all Youth Events/Activities, sponsored by St. Ignatius Parish, from September 1, 2018 to September 1, 2019.

1. I, the lawful parent or guardian of \_\_\_\_\_(the "child"), 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 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.

3a. 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.

3b. This 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, website and office functions.

I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian Phone No. (w) \_\_\_\_\_ (h) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone No. (cell) \_\_\_\_\_ (h) \_\_\_\_\_

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

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

Child's Soc. Sec. No. \* \_\_\_\_\_

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.

## 2018-2019 Parish School of Religion AIDE INFO

**Ongoing Activity:** Parish School of Religion Teacher's Aide

**Dates:** Sunday mornings September 16, 2018 and ending on May 5, 2019

**Permission Slip Due:** before beginning to volunteer as a P.S.R. Teacher's Aide (You can bring on day one)

**Phone:** (513) 389-3242 x 2223 on Sunday mornings;

(513) 661-6565 x 2706 Monday through Saturday

**Time:** 8:20 a.m. - 10:00 a.m.

**Contact persons:** Mrs. Kim Abele (661-6565 x 2706) or Miss Mary Ann Bosse (389-3242 x 2223)

**EMAIL:** saintipsr@gmail.com

**Important Information:** The Parish School of Religion Program is in session every Sunday morning from September 16, 2018 through Sunday, May 5, 2019 (See calendar for holidays) Teacher's aides and Music aides are needed to assist the teacher and students. *By turning in this permission slip, permission is granted for this ongoing activity. Thank you for helping with this valuable ministry!*

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### **Parish School of Religion Program** **YOUR DUTIES AS AN AIDE**

As a teacher's aide with your help the teacher is able to accomplish extra projects in the limited amount of time available. Thank you for your willingness to serve others.

1. Arrive by **8:20** and sign in IN THE YOUTH OFFICE (8:10 if you would like to join us for prayer)
2. **Clip on your nametag.**
3. **Go to classroom and help the teacher set up.**
4. **Cut out projects and get supplies for the teacher** (in PSR room)
5. Work quietly. Do NOT be on cell phone play games, texting, listening to music etc.
6. **Assist** the students with reading or coloring work. Allow the students to do their own work but be there to guide them when necessary.
7. **Walk the students to the restroom** when necessary.
8. **Stay with the class at all other times.**
9. When your help is not needed, **participate in the class with the younger students.**
10. **Be respectful of the teacher; they will lead the class and you're their assistant.**

**The children look up to you and learn by your example!**

BEFORE LEAVING FOR THE DAY:

1. **Return the classroom to its original order.**
2. Erase the blackboard if it was used.
3. **Return the supplies to the teacher's supply cart** or to the **PSR Closet.**
4. **SIGN OUT before you leave and leave your name tag**

If you have any questions please ask Mrs. Kim Abele, Miss Mary Ann Bosse.

**THANK YOU AND GOD BLESS YOU FOR YOUR SERVICE!**

## 2018-2019 Permission Form

## Parish School of Religion

(Parent: Keep top part for your information)

**Ongoing Activity:** Parish School of Religion Teacher's Aide

**Dates:** Sunday mornings September 16, 2018 and ending on May 5, 2019

**Permission Slip Due:** before beginning to volunteer as a P.S.R. Teacher's Aide

**Location:** St. Ignatius School Building, 5222 North Bend Road, Cincinnati OH 45247

**Phone:** (513) 389-3242 x 2223 on Sunday mornings;  
(513) 661-6565 x 2706 Monday through Saturday

**Start time:** 8:20 a.m.

**End time:** 10:00 a.m.

**Meeting place:** St. Ignatius Youth Office in the school building. **Enter through the glass doorway of the School building across from the Parish office.**

**Contact persons:** Mrs. Kim Abele (661-6565x2706) or Miss Mary Ann Bosse (389-3242 x 2223)

**Important Information:** The Parish School of Religion Program is in session every Sunday morning from September 23, 2018 through Sunday, May 5, 2019 (See calendar for holidays) Teacher's aides and Music aides are needed to assist the teacher and students. **By turning in this permission slip, permission is granted for this ongoing activity. Thank you for helping with this valuable ministry! Medical permission slip must also be on file.**

**Detach and return portion below the line:**

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I, the lawful parent or guardian of \_\_\_\_\_ (the "child"), give permission for my child to participate in activities 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 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 activities.

2. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.

3a). 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 activities 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.

**3b). This permission, release and medical power of attorney shall be deemed valid for the Parish School of Religion Program Teacher Aide Ministry each Sunday morning from September 16, 2018 through Sunday, May 5, 2019.**

3c). If any change occurs in the information provided by parent or guardian with respect to emergency contacts or medical information, the appropriate agent will be provided with written notification of such changes as soon as possible.

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, that I give permission for my child to volunteer as a Parish School of Religion Teacher's Aide Ministry and that my child's medical information form is on file and accurate.*

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (c) \_\_\_\_\_ email: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

**Parish School of Religion Use Only**

**Release on file \_\_\_\_\_**