

PERMISSION FORM

EVENT: St. Ignatius Parish Vacation Bible School

Dates & Times: Monday, July 29-Friday, August 2; 9am-12pm

Permission Slip Due: Monday, July 15

Location: St. Ignatius Parish Campus; Father Hilvert Center and St. Ignatius School building

Phone: 513-661-6565 x2725

Contact person: Elaine Kroger, CRE

Important Information: By turning in this permission slip, permission is granted for this on going activity. Medical permission slip must also be on file.

1. 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.

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 participate in St. Ignatius Parish Vacation Bible School and that my child's medical information form is on file and accurate.

Signature of Parent or Guardian _____ Date _____

Print Name: _____

Phone: (w) _____ (h) _____

Emergency Contact _____ Phone: _____

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

Child's Name _____ Birthdate ____/____/____

Child Social Security No*. _____ (*optional-please note- 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. _____

Member's Birth Date ____/____/____ Members Soc. Sec. No.* _____

Family Doctor _____ Phone No. _____