

St. Mary and St. Peter PREP and Youth Ministry

Jesus Day Permission Slip

*This form is the permission slip/emergency medical form for the 2020 Jesus Day. The emergency medical form is on the second page. Please completely fill out a separate form for each child in your family. **Emergency medical information need not be completed if there is an emergency medical form already on file for your child for the 2019-2020 school year.***

Permission, Release, and Medical Power of Attorney

1. I, the lawful parent or guardian of _____ (the "child"), give permission for my child to participate in all St. Mary and St. Peter youth ministry and religious education activities from September 1, 2019 through to September 30, 2020 described in the "Activity Information" section below 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 activities 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 agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.
3. I appoint the Archbishop or his agents who are acting as leaders of the activities 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 activities:
 - a. To give any and all consents and authorizations to any physician, 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.
 - b. 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. If such contact is made, and I wish to give a directive regarding the medical treatment of my child, the Archbishop or his agents in charge of the activity, as my attorney, will follow such a directive; if I, knowingly or unknowingly, give no directives concerning one or more aspects of my child's medical treatment, my attorney will make prudential decisions as to what to do regarding these aspects, as described in section 3.a., above.
 - c. 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 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.

Printed Name of Parent or Guardian _____

Signature of Parent or Guardian _____ Date _____

Parish _____ Child's School in 2017-2018 _____

Activity Information

Church Agency: St. Mary Church, Bethel, and St. Peter Church, New Richmond

Leader: PJ Ehling, (513) 284-3154, sccr.cre@outlook.com

Description: First Communion retreat involving tag games, building with popsicle sticks, preparing and baking rolls, other outdoor and indoor games with light physical activity, prayer and reflections, and First Confession.

Location: St. Mary Church, Bethel, Ohio

Transportation: None provided

Beginning and Ending Dates, Times, and Locations: Drop off at 9am, pick up at noon, both on April 18, 2020 at St. Mary

Cost: None

Important Notes: First Confession will occur during the Jesus Day. Parents/Guardians may stay with their kids for the day or drop off and pick up, and may participate in Confession.

It is understood that if a parent/guardian or child wants more information than the information given here, they may contact PJ Ehling to obtain it.

Emergency Medical Form *SSN are optional. Please note, some hospitals will not treat without it.

Please completely fill out this form. It will be kept on file to facilitate communication with parents, and in case of emergency, during the 2018-2019 year, as well as the summers of 2018 and 2019. If, during the year, you need to make changes to this form, please contact PJ Ehling.

Contact Information

Child's Name _____ Date of Birth _____ Child's SSN* _____

Address _____ City _____ Zip _____ Grade _____

*E-mail and cell phones/texting will be a primary means used to communicate with parents/students regarding PREP and youth ministry. **At least one parent e-mail and phone number is required to be given**, as the preferred e-mail and phone number, in order to facilitate communication in case of emergency and as needed for regular correspondence regarding PREP, youth ministry, and sacramental preparation. Do not fill out the other e-mail and phone sections if you do not wish for you or your child to be contacted by these means. All cell phone numbers will be added to the parishes' account on remind.com, unless the box beside the phone number is checked.*

Preferred E-mail _____ Preferred Phone No. _____

First Parent/Guardian Information

Name _____

Home Phone No. _____

Work Phone No. _____

Cell Phone No. _____

E-mail Address _____

Second Parent/Guardian Information

Name _____

Home Phone No. _____

Work Phone No. _____

Cell Phone No. _____

E-mail Address _____

Student Cell Phone No. _____ Student E-mail _____

Check if applicable:

I do not want the parishes to use my child's portrait or photograph.

I would like the parishes to use my e-mail address to update me on parish news (upcoming parish events, church closings in winter, etc.).

Emergency Medical Information *Please do not list a parent or guardian as an emergency contact. In case of emergency, an attempt will be made to contact parents and guardians **before** emergency contacts. If emergency contacts are contacted, the leaders of an activity will retain medical power of attorney, but will be advised by the emergency contacts.*

1st Emergency Contact _____ Phone No. _____

2nd Emergency Contact _____ Phone No. _____

Allergies _____

Special Dietary Needs _____

Chronic Conditions/Important Information for Leaders or Medical Personnel _____

Medications

Children may administer their own medications. Medications will be turned in to a designated adult leader (unless this is impractical), who will store it and make it available when the child needs it.

If it is necessary for an adult leader to administer prescribed medication, the medication must be in its original container, with the label/directives from the pharmacy still intact. Parents/Guardians must indicate below the name of the medication to be administered, give consent for an adult leader to administer the medication, and may also give any additional directives besides those written on the label.

Over the counter medication may be administered by adult leaders with the written consent of the child's parent/guardian.

I understand the above instructions regarding medications for my child, and give my consent to administration of medication to my child by an adult leader by filling out the applicable sections or choices below. Leaving a section or choice blank denies my consent for that section or choice.

Signature of Parent/Guardian _____ Date _____

Current self-administered medications _____

Medications that must be administered by an adult leader _____

Additional directives for medications administered by an adult leader _____

Permission to administer over the counter medications (check those that apply).

Acetaminophen (Tylenol) Aspirin Ibuprofen (Advil) Naproxen (Aleve) Loperamide (Imodium A-D) Calcium carbonate (Tums)
 Bismuth subsalicylate (Pepto-Bismol) Calcium docusate (Colace) Diphenhydramine (Benadryl) Other _____

Medical Insurance Information

Medical Insurance Co. _____ Policy No. _____

Member's Date of Birth _____ Member's SSN* _____

Family Doctor _____ Phone No. _____

Dentist _____ Phone No. _____

Preferred Hospital _____