

# St. John Youth Ministry Summer Camp

ARCHDIOCESE OF CINCINNATI

## RELEASE AND INDEMNIFICATION AND MEDICAL POWER OF ATTORNEY

(Completed by Parent or Guardian, Please Print)

This Permission, Release, and Medical Power of Attorney Form will cover all onsite and offsite activities of St. John Youth Ministry Summer Camp, and including transportation, from the date signed through June 28, 2019.

1. I, the lawful parent or guardian of \_\_\_\_\_ (the "child"), give permission for my child to participate in all St. John Youth & Young Adult Ministry 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 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. The powers and authority granted herein may be revoked by me by written notice delivered to the Archbishop or his agents who are then acting or who have previously acted hereunder. Without such written notice, this power of attorney shall not be affected by my disability, incapacity or adjudicated incompetence. This power of attorney shall lapse automatically at the end of above said time period.
4. I agree that the Archbishop or his agents may use my child's portrait, photograph, or video including digitally or electronically, for promotional purposes, office functions, websites, & social media, and hereby release the Archbishop and his agents from any liability resulting from such use.

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

\_\_\_\_\_  
Print Parent/Guardian Name

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

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

Youth Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Parent's Email \_\_\_\_\_

Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Medications \_\_\_\_\_

Allergies/Disorders/

Chronic conditions (e.g. epilepsy, ADHD, diabetes) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Member Number \_\_\_\_\_

Member's Name \_\_\_\_\_ \*Member's Social Security # \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_ \*Child Soc. Security # \_\_\_\_\_

\* Social Security Number is optional. Please note that some hospitals WILL NOT treat without it.

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### Activity Information

Event: St. John Youth Ministry Summer Camp Event Contact: Josh Plandowski (Youth Minister) Work: 513-777-6433  
Cell: 937-405-9970 Meeting Time: 12:30 p.m. – 5:30 p.m. Tues-Friday. Activities Involved: Water Balloons, Laser Tag, Small Group Activities, Dodgeball, Flashlight Tag, Arts & Crafts, Service & Prayer Cost: \$50.00 (Scholarships Available!)

### Activity Locations

St. John the Evangelist (9080 Cincinnati Dayton Rd, West Chester, OH 45069)  
The Web (7172 Cincinnati Dayton Rd, West Chester, OH 45069)  
Sharon Woods (11450 Lebanon Road Sharonville, Ohio 45241)  
King's Island/Soak City (6300 Kings Island Dr, Mason, OH 45040)  
Service Projects (Locations TBA after registration due date)