



ARCHDIOCESE OF CINCINNATI
ADULT PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 05-2018)

- 1. I, the undersigned will participate in the activity described on the Activity Information form...
2. I further understand that my participation in the Activity is purely voluntary...
3. I agree to cooperate with the Archbishop or his agents in charge of the activity.
4. I appoint the Archbishop or his agents who are acting as leaders of the activity as my attorney in fact...
5. This power of attorney shall lapse automatically upon completion of the Activity and related travel.
6. I agree that the Archbishop or his agents may use my portrait or photograph for promotional purposes...
7. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio...

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Medical Power of Attorney shall be effective and binding upon me and my own personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_
Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Place of Employment \_\_\_\_\_
Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
Phone No. (w) \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_
Emergency Contact \_\_\_\_\_ Phone No. (w) \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_

**Medical Information —Please Print**

Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Chronic Conditions (e.g. epilepsy, diabetes) \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Member's Name \_\_\_\_\_ Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

Member's Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**ACTIVITY INFORMATION FORM  
Completed by Organizer - Please Print**

Church Agency ST. HENRY CHURCH/DAYTON Activity VACATION BIBLE SCHOOL

Location PAC, PMR, CHURCH, BISHOP LEIBOLD EAST Emergency No. (937) 434-9231 Cost FREE

Grades Pre-K & K: Dates JUNE 17-21, 2019 Meeting Place PMR Time 9 am-11:30am

Contact: Jennifer Zwiers E-mail: [jzwiers@sthenryparish.com](mailto:jzwiers@sthenryparish.com)

Grades 1<sup>st</sup>- 6<sup>th</sup>: Dates JUNE 17-21, 2019 Meeting Place PAC Time 9 am-2:30pm

Contact: Megan Deaton E-mail: [mdeaton@sthenryparish.com](mailto:mdeaton@sthenryparish.com)

Grades 7<sup>th</sup>-12<sup>th</sup>: Dates JUNE 16-20, 2019 Meeting Place PMR Time 7-9pm

Contact: Jen Sens E-mail: [jsens@olghchurch.com](mailto:jsens@olghchurch.com)

Activities Involved VACATION BIBLE SCHOOL/TOTUS TUUS/BIBLE ACTIVITIES/MASS/SNACKS/LUNCH/

Type of Transportation (if any) N/A

Group Leader MEGAN DEATON & JEN SENS & JENNIFER ZWIERS

Telephone No. (937) 434-9231

Other Information PARISH POTLUCK- JUNE 20, 2019 @ 5-6:30PM (PAC)

\_\_\_\_ Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform.