



ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE AND AUTHORIZATION TO SEEK MEDICAL TREATMENT

(rev. 09-2017).

Note: This event is open to all 6th - 8th graders

- 1. I, the parent or lawful guardian of... (the "child"), give permission for my child to participate in the activity described on the Activity Information form...
2. I further understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right...
3. I agree to instruct my child 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 to seek medical treatment of my child...
5. I [] agree [] do not agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes...
6. 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 Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and my own and my Child's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Signature of Parent or Guardian _____ Date __/__/_____

Signature of Witness: _____ Witness Name (please print): _____

Home Address _____ City _____ Zip _____

Place of Employment _____

Work Address _____ City _____ Zip _____

Parent or Guardian Phone No. (cell): _____; (other Phone No.): _____

Emergency Contact Phone No. (cell): _____; (other Phone No.): _____

Medical Information — Completed by Parent or Guardian — Please Print

Child's Name _____ Birth date __/__/_____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Medical Insurance Co. _____ Policy No. _____

Member's Name _____ Phone No. (h) _____ (w) _____

Member's Birth date __/__/_____

Family Doctor _____ Phone No. _____

Two-Time Activity (attendance at both events is not required)

Church Agency: Archdiocese of Cincinnati, Office of Youth Evangelization and Discipleship Program: VIA Awake Time of Event: 4:30-8:30PM Dates & Event Locations: Saturday, November 2, 2019 @ Guardian Angels; Saturday, March 14, 2020 @ Roger Bacon Registration Fee: None Registration Deadline: The night of event, unless specified by group leader Activities: Dinner, Keynote talk, Worship, Adoration, Confession, Small Groups, Entertainment. Type of Transportation: None provided by event organizers. Each attendee arranges for his/her own transportation, unless specified by youth minister here: _____

Event Contact: Your Group Leader _____