

**ST. AUGUSTINE/ST. JOSEPH  
RELIGIOUS EDUCATION  
ARCHDIOCESE OF CINCINNATI  
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY**

1. I, the lawful parent or guardian of \_\_\_\_\_ (the “child/children”), give permission for my child/children to participate in the activity described on the reverse 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/children 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/children.

(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/children.

3b. 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 my child/children’s portrait or photograph for promotional purposes, website and office functions.

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

Signature of Parent or Guardian \_\_\_\_\_ Date / /

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

Member’s Name \_\_\_\_\_

**(See reverse of parent letter for activity information)**

## ACTIVITY INFORMATION

### Kindergarten through 4th Grade

#### **A. On-going Activity**

Church: St. Augustine/Joseph Cluster  
Activity: “Little Flowers Girl’s Club”  
Location: St. Augustine/St. Joseph Parish Center  
Starting Date and Time: September 15, 2010 – immediately after school until 5:00 pm  
Ending Date & Time: April 20, 2011 – immediately after school until 5:00 pm  
Drop off Location: 89 N. Lincoln St., Minster, OH 45865  
Type of Transportation (if any): Students will be dropped off by parents or walk from the school to the St. Augustine/St. Joseph Parish Center. Parents are required to pick up students at 5:00 pm unless other wise noted.  
Group Leader: Jane M. Boeke, Coordinator Religious Education & Lisa Heid, Coordinator LFGC  
Phone No.: Jane Boeke - 419/628-3434; Lisa Heid – 419/628-0832

#### **B. One-time Activity**

Church: St. Augustine/Joseph Cluster  
Activity: “Little Flowers Girl’s Club – Saint Party”  
Location: St. Augustine Church and Rectory Basement  
Starting Date and Time: Sunday, October 31, 2010 - 11:30 am Mass  
Ending Date and Time: Sunday, October 31, 2010 - 2:00 pm Rectory Basement  
Drop Off Location: St. Augustine Church, 48 N. Hanover St., Minster, OH 45865  
Type of Transportation: Students will dropped off by parents at St. Augustine Church, students will walk to the adjacent building (St. Augustine Parish Rectory) after Mass and attend party in rectory basement. Parents will pick up students from the basement.  
Group Leader: Lisa Heid, Coordinator Little Flowers Girl’s Club  
Phone No.: 419/628-0832

#### **C. One-Time Activity**

Church: Sts. Augustine/Joseph Cluster  
Activity: Field Trip to Heritage Manor Nursing Home  
Location: Heritage Manor Nursing and Rehabilitation Center, Minster, Ohio  
Starting Date and Time: April 20, 2011: 3:45 pm  
Meeting Place: St. Augustine/St. Joseph Parish Center  
Ending Date & Time: April 20, 2011: 4:45 pm  
Drop off Location: Heritage Manor Nursing and Rehabilitation Center, Minster, Ohio  
Type of Transportation (if any): Students will be transported via church owned buses.  
Group Leader: Jane M. Boeke, Coordinator Religious Education;  
Lisa Heid, Girl’s Club Coordinator  
Phone No.: 419/628-3434