

**Dear Parents,**

**It is that time of year to re-register your son/daughter for the 2018-2019 PREP school year.**

**Enclosed are the:**

PREP registration form

Permission, Release and Medical Power of attorney – one per student

Medical Information form – one per student

Please fill out the Registration Form and check the PREP option you prefer. We offer Sunday PREP, (which runs through the school year), Summer PREP and Home School PREP.

Summer PREP class: starts Monday, June 18 and continues through Friday, June 29, 2018  
*8:30 am to 12:30 pm.*

Sunday PREP class: starts Sunday, August 26, 2018  
*9:15 am to 10:45 am.*

Home School PREP class: starts in September, 2018

**For a new applicant, we must have a copy of your child's baptismal certificate. If your child was baptized at All Saints Church, please email Nilfa Chacksfield ([nchacksfield@allsaints.cc](mailto:nchacksfield@allsaints.cc)). Include the child's baptismal name, and the month and year of baptism.**

**Please return all PREP registration forms to the PREP office.**

If you need further information, please contact me at 792-4603 or [grush@allsaints.cc](mailto:grush@allsaints.cc). We are very happy to assist you in any way we can.

Blessings,

Ginny Rush  
Director of Faith Formation

**ALL SAINTS PARISH RELIGIOUS PROGRAM  
REGISTRATION FOR PREP PROGRAMS 2018-2019  
(CONFIDENTIAL)**

**Part 1**

Family Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Preferred E-mail 1 \_\_\_\_\_ Preferred E-mail 2 \_\_\_\_\_  
*We use this for communication*

Home Phone \_\_\_\_\_ Cell Dad: \_\_\_\_\_ Cell Mom: \_\_\_\_\_

CHILD'S NAME (Last Name, First Name)	GRADE FOR 2018-2019	SCHOOL Attending (2018-2019)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Part 2**

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Marital Status (please circle one)    married    single    separated    remarried    widowed

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Marital Status (please circle one)    married    single    separated    remarried    widowed

**Part 3**

Emergency Information  
 Name of Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
(other than parent)  
 Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Parents signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Part 4**

Please indicate below into which program you plan to enroll

- \_\_\_\_\_ Prep Sunday School starting August 26, 2018
- \_\_\_\_\_ Prep Summer School starting June 18, 2018 to June 29, 2018
- \_\_\_\_\_ Prep Home School starting September, 2018

**Part 5**

RETURN THIS COMPLETED FORM TO THE RELIGIOUS EDUCATION OFFICE AS SOON AS POSSIBLE.  
 .....

<b><u>PREP FEES 2018-2019</u></b>	
Sunday Prep: _____	\$120.00 per student
Summer Prep: _____	\$120.00 per student
Homeschool: _____	\$50.00 per student
First Communion _____	\$80.00 per candidate
Confirmation _____	\$120.00 per candidate

<b>Payments:</b>
Date: _____
Check#: _____ Cash _____
Amount: _____



**This page must be fill out for new students only**

**1. Student Name (Last)** \_\_\_\_\_ **(First)** \_\_\_\_\_ **(Nickname)** \_\_\_\_\_

**Date & Place of Birth** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City, St. Zip** \_\_\_\_\_

**Grade (2018-2019)** \_\_\_\_\_ **School (2018-2019)** \_\_\_\_\_

**Baptism, Date & Place** \_\_\_\_\_

**Baptism Certificate is (circle one)**    **Attached**                      **On file with Prep**                      **Baptized at All Saints**

**First Communion Church & Date** \_\_\_\_\_

**Physical or learning disabilities** \_\_\_\_\_

**Special needs/ learning style** \_\_\_\_\_

**2. Student Name (Last)** \_\_\_\_\_ **(First)** \_\_\_\_\_ **(Nickname)** \_\_\_\_\_

**Date & Place of Birth** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City, St. Zip** \_\_\_\_\_

**Grade (2018-2019)** \_\_\_\_\_ **School (2018-2019)** \_\_\_\_\_

**Baptism, Date & Place** \_\_\_\_\_

**Baptism Certificate is (circle one)**                      **Attached**                      **On file with Prep**                      **Baptized at All Saints**

**First Communion Church & Date** \_\_\_\_\_

**Physical or learning disabilities** \_\_\_\_\_

**Special needs/ learning style** \_\_\_\_\_

**3. Student Name (Last)** \_\_\_\_\_ **(First)** \_\_\_\_\_ **(Nickname)** \_\_\_\_\_

**Date & Place of Birth** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City, St. Zip** \_\_\_\_\_

**Grade (2018-2019)** \_\_\_\_\_ **School (2018-2019)** \_\_\_\_\_

**Baptism, Date & Place** \_\_\_\_\_

**Baptism Certificate is (circle one)**                      **Attached**                      **On file with Prep**                      **Baptized at All Saints**

**First Communion Church & Date** \_\_\_\_\_

**Physical or learning disabilities** \_\_\_\_\_

**Special needs/ learning style** \_\_\_\_\_

**4. Student Name (Last)** \_\_\_\_\_ **(First)** \_\_\_\_\_ **(Nickname)** \_\_\_\_\_

**Date & Place of Birth** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City, St. Zip** \_\_\_\_\_

**Grade (2018-2019)** \_\_\_\_\_ **School (2018-2019)** \_\_\_\_\_

**Baptism, Date & Place** \_\_\_\_\_

**Baptism Certificate is (circle one)**                      **Attached**                      **On file with Prep**                      **Baptized at All Saints**

**First Communion Church & Date** \_\_\_\_\_

**Physical or learning disabilities** \_\_\_\_\_

**Special needs/ learning style** \_\_\_\_\_

**PREP PROGRAM  
2018-2019**

**Circle One**  
Sunday Prep \_\_\_\_\_  
Summer Prep \_\_\_\_\_  
Home School Prep \_\_\_\_\_

**ARCHDIOCESE OF CINCINNATI  
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 6-2006)**

1. I, the lawful parent or guardian of : 1. \_\_\_\_\_ Grade \_\_\_\_\_

(the "child"), give permission for my child to participate in the activity described on the *Activity Information* form 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 and schools within the Archdiocese (the "Archdiocese"), and their 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 activity 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 officers, agents, representatives, volunteers and employees.

2. \_\_\_\_\_ I further understand that my Child's participation is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, elect to participate in spite of the risks.

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 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.

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 child's portrait or photograph for promotional purposes, website and office functions.**

7. \_\_\_\_\_ This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

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, 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian Phone No. (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone No. (w) \_\_\_\_\_ (Cell) \_\_\_\_\_



**See back form**

**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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Member's Soc. Sec. No. \* \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone No. \_\_\_\_\_

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

*(See Activity Information form below)*

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**ACTIVITY INFORMATION  
Completed by Church Agency - Please Print**

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; also any additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

**A. Ongoing**

Church Agency All Saints Church

Activity: Prep Program

Location All Saints Church Emergency No. 513-225-5291 Cost N/A

Starting Date and Time June 18, 2018 / 8:30 am Meeting Place All Saints Parish Center

Ending Date and Time May 31, 2019 / 10:45 am Meeting Place All Saints Parish Center

Activities Involved Prep Program

Type of Transportation (if any) N/A

Group Leader Ginny Rush Telephone No. 513-225-5291

Other Information \_\_\_\_\_

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**Parent Signature** **Date**

**All Saints Church Religious Education**

2018-2019

**Authorization for Dispensing of Any Medication**

(includes Tylenol, Advil, cold or allergy medicine, etc...)

(In accordance with Ohio Revised Code 3313.713)

The use of medication during religious education is discouraged. Use this form if it is essential a student receive medication during religious education sessions.

**This section is to be completed by the parent or guardian.**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

I request All Saints personnel or volunteers to administer the medication as instructed and agree to 1.) deliver the medication to the Director of Faith Formation or her representative in the original container (which shows the name of medicine, child's name, dosage, etc.); 2.) notify the Director of Faith Formation if I change physicians, or if the medication is changed or eliminated; 3.) NO medication is to be put in the possession of a student. All medication must be brought to the Director of Faith Formation or her representative; 4.) cough drops are permitted if a parental permission slip is provided.

The undersign agree not to file or make any claim against anyone for negligence in connection with the administration or non-administration of any medicines and further agree to save such individuals and hold them harmless from any liability incurred as a result of the administration or non-administration of any medicines.

I give my permission for the Director of Faith Formation or her/his designee (paid or volunteer) to administer the prescribed medication.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**This section to be completed by the child's physician**

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

How Administered: \_\_\_\_\_

Date to Begin Administering Medication: \_\_\_\_\_

Date to Terminate Administering Medication: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician's emergency telephone number: \_\_\_\_\_

List any special conditions for storage of drug: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

**THIS PERMISSION IS NO LONGER VALID AT THE END OF THE CURRENT SCHOOL YEAR**

# 3313.718 Possession and use of epinephrine autoinjector to treat anaphylaxis.

(A) As used in this section, “prescriber” has the same meaning as in section [4729.01](#) of the Revised Code.

(B) Notwithstanding section [3313.713](#) of the Revised Code or any policy adopted under that section, a student of a school operated by a city, local, exempted village, or joint vocational school district or a student of a chartered nonpublic school may possess and use an epinephrine autoinjector to treat anaphylaxis, if all of the following conditions are satisfied:

(1) The student has the written approval of the prescriber of the autoinjector and, if the student is a minor, the written approval of the parent, guardian, or other person having care or charge of the student. The prescriber’s written approval shall include at least all of the following information:

(a) The student’s name and address;

(b) The names and dose of the medication contained in the autoinjector;

(c) The date the administration of the medication is to begin;

(d) The date, if known, that the administration of the medication is to cease;

(e) Acknowledgment that the prescriber has determined that the student is capable of possessing and using the autoinjector appropriately and has provided the student with training in the proper use of the autoinjector;

(f) Circumstances in which the autoinjector should be used;

(g) Written instructions that outline procedures school employees should follow in the event that the student is unable to administer the anaphylaxis medication or the medication does not produce the expected relief from the student’s anaphylaxis;

(h) Any severe adverse reactions that may occur to the child using the autoinjector that should be reported to the prescriber;

(i) Any severe adverse reactions that may occur to another child, for whom the autoinjector is not prescribed, should such a child receive a dose of the medication;

(j) At least one emergency telephone number for contacting the prescriber in an emergency;

(k) At least one emergency telephone number for contacting the parent, guardian, or other person having care or charge of the student in an emergency;

(l) Any other special instructions from the prescriber.

(2) The school principal and, if a school nurse is assigned to the student’s school building, the school nurse has received copies of the written approvals required by division (B)(1) of this section.

(3) The school principal or, if a school nurse is assigned to the student’s school building, the school nurse has received a backup dose of the anaphylaxis medication from the parent, guardian, or other person having care or charge of the student or, if the student is not a minor, from the student. If these conditions are satisfied, the

student may possess and use the autoinjector at school or at any activity, event, or program sponsored by or in which the student's school is a participant.

(C) Whenever a student uses an autoinjector at school or at any activity, event, or program sponsored by or in which the student's school is a participant or whenever a school employee administers anaphylaxis medication to a student at such times, a school employee shall immediately request assistance from an emergency medical service provider.

(D)(1) A school district, member of a school district board of education, or school district employee is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from a district employee's prohibiting a student from using an autoinjector because of the employee's good faith belief that the conditions of division (B) of this section had not been satisfied. A school district, member of a school district board of education, or school district employee is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from a district employee's permitting a student to use an autoinjector because of the employee's good faith belief that the conditions of division (B) of this section had been satisfied. Furthermore, when a school district is required by this section to permit a student to possess and use an autoinjector because the conditions of division (B) of this section have been satisfied, the school district, any member of the school district board of education, or any school district employee is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from the use of the autoinjector by a student for whom it was not prescribed. This section does not eliminate, limit, or reduce any other immunity or defense that a school district, member of a school district board of education, or school district employee may be entitled to under Chapter 2744. or any other provision of the Revised Code or under the common law of this state.

(2) A chartered nonpublic school or any officer, director, or employee of the school is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from a school employee's prohibiting a student from using an autoinjector because of the employee's good faith belief that the conditions of division (B) of this section had not been satisfied. A chartered nonpublic school or any officer, director, or employee of the school is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from a school employee's permitting a student to use an autoinjector because of the employee's good faith belief that the conditions of division (B) of this section had been satisfied. Furthermore, when a chartered nonpublic school is required by this section to permit a student to possess and use an autoinjector because the conditions of division (B) of this section have been satisfied, the chartered nonpublic school or any officer, director, or employee of the school is not liable in damages in a civil action for injury, death, or loss to person or property allegedly arising from the use of the autoinjector by a student for whom it was not prescribed.

Effective Date: 03-23-2007