

**EMERGENCY MEDICAL FORM**  
**ARCHDIOCESE OF CINCINNATI + ST. ELIZABETH ANN SETON PRP PROGRAM**  
**PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 8-2013)**

1. I, the lawful parent or guardian of \_\_\_\_\_ (the "child's name" here), give permission for my child to participate in the PARISH RELIGION PROGRAM (PRP) 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 agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.

3. 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.

4. This power of attorney shall lapse automatically upon completion of the activity.

5. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website, Faith filled Families at Seton facebook page and office functions and use social media and technology to communicate to my child regarding ministry related activities. (Facebook, texting, etc.)

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. (w) \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone No. (c) \_\_\_\_\_ (h) \_\_\_\_\_

Please complete **BOTH SIDES** of this page!

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## MEDICAL INFORMATION

Completed by Parent or Guardian — Please Print

Child's Name \_\_\_\_\_ Grade Level \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

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

Please List any learning difficulties. Is child on an IEP or 504 plan?

\_\_\_\_\_  
\_\_\_\_\_

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

Member's Name \_\_\_\_\_ Phone No. (h) \_\_\_\_\_ (w) \_\_\_\_\_

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

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

## ACTIVITY INFORMATION

Church Agency: **St. Elizabeth Ann Seton Parish: PARISH RELIGION PROGRAM (PRP)**

Starting Date: **September 9, 2018** Ending Date: May, 2019 Registration Fee: see form

Location: **St. Elizabeth Ann Seton (school campus)** Day / time: Sunday 9:30 – 10:45 a.m.

Routine Activities: **FAITH FORMATION CLASSES (PRP)**

Group Leader: **COORDINATOR OF RELIGIOUS EDUCATION** Telephone No. 513-575-0119

Email: [cre@setonmilford.org](mailto:cre@setonmilford.org)

Other information: Calendar and Handbook available upon request.

Page 2 of 2 Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_