

**ARCHDIOCESE OF CINCINNATI**  
**PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY** (rev. 11-2016)

1. I, the parent or lawful guardian of \_\_\_\_\_ (the "child"), give permission for my child to participate in the activities described on the *Activity Information* form (see reverse) and release from all liability and indemnify the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati, and all parishes and schools within the Archdiocese, and their respective 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 respective officers, agents, representatives, volunteers and employees.

2. I further understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity 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 a photograph, video or other likeness of my child for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities.

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.

\_\_\_\_\_ I am aware that the Youth Group handbook is online and available at the office. My child and I will abide by the handbook. (please initial)

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

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

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

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

Parent or Guardian Phone No. (h) \_\_\_\_\_ (c) \_\_\_\_\_

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

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**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) \_\_\_\_\_ (c) \_\_\_\_\_

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

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

(See *Activity Information* form below)

**ACTIVITY INFORMATION**

With your permission, this release form will be kept on file in the Youth Office. It may be used for local Youth Group events only (see below for exact information), so a separate form does not need to be filled out for each activity.

Completion of this form does not mean your child is signed up for everything on this list. The Youth Group/Parish will be responsible for teens after they arrive at the event.

SMILE High School Meetings—the 1<sup>st</sup> and 3<sup>rd</sup> Sunday of each month at St. Andrew in the Church Hall from 7-9pm. Some meetings may take place outside or in the Parish center. Meetings consist of social time, snack, icebreakers/games, small/large group activities and prayer time. Transportation is on your own. High School Meetings are open to 9<sup>th</sup>-12<sup>th</sup> grade students. There is no charge to come to Meetings.

Junior High Nights--the 7th and 8th grade teens will generally meet on the first or second Friday of the month at St. Elizabeth Ann Seton. October 6, November 3, December 1, January 5, February 9, March 9, April 13, May 4. These evenings will generally run from 7-9pm and will consist of icebreakers/games, small/large group activities and prayer time. Transportation is on your own. There is no charge to come to Junior High Nights.

Game Night at SEM Villa—takes place on the 3<sup>rd</sup> Thursday of each month. We meet at SEM Villa at 6:30. Transportation is on your own. Once there, we play card games, work on crafts, etc. with the residents until about 8pm. Game nights are open to 7<sup>th</sup>-12<sup>th</sup> grade students. There is no charge for Sem Villa.

SMILE Fundraisers—Family BINGO (February 25), Fish Fry (Feb 23 & March 23)—take place at either St. Andrew or St. Elizabeth Ann Seton. Teens will be busing tables, helping in the kitchen, running children's games, etc. Transportation is on your own. Fundraisers are open to 7<sup>th</sup>-12<sup>th</sup> grade students.

Oktoberfest—takes place at the Miami Boat Club on October 22—the Youth Group is in charge of running the children's games. Transportation is on your own. This is open to 7<sup>th</sup>-12<sup>th</sup> grade students.

This form **may not** be used for NCYC, the March for Life, tubing or the Mission Trip.

Questions? Contact Catherine Fasano at 513-831-8318or smile@standrew-milford.org