ST. VIVIAN YOUTH MINISTRY

2010-2011 Medical Release

By signing this form, the parent or guardian provides necessary medical/emergency information which will be used in the event of an emergency while his/her child is participating in St. Vivian Youth Ministry programs. This form will be kept for the 2010-2011 year. Individual permission forms for specific events must be signed and submitted for each event attended.

Archdiocese of Cincinnati Release and Indemnification Agreement and Medical Power of Attorney

1. I, the lawful parent or guardian of _____ (the "child"), release from all liability, and indemnify and hold harmless the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese of Cincinnati, and all parishes within the Archdiocese, and the officers, agents, representatives, volunteers, and employees of either the Archdiocese or any parish thereof ("agents") from any and all liability, actions, causes of action, claims, judgments, costs or expenses, including attorney fees, known or unknown at this time, arising out of or in any way related to 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 to cooperate with the Archbishop or his agents in charge of the activity.

    a. 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 injury, illness or medical emergency occurs during the activity:
        i. To give any and all consents and authorizations to any physicians, dentist, hospital or other person or institutions pertaining to any emergency actions as our attorney shall deem necessary or appropriate for the best interest of my child.
        ii. I understand that the agents of the Archbishop will make reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my child.

    b. The powers and authority granted herein may be revoked by me by written notice delivered to the Archbishop or his agents who are then acting or who have previously acted hereunder. Without such written notice, this power of attorney shall lapse automatically upon completion of the activity and the return of my child to the ending place.

3. I agree that the Archbishop or his agents may use my child's portrait or photograph for editorial purposes, on the Parish Web Page (without name) and office functions, and hereby release the Archbishop and his agents from and liability resulting from such use.

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

_____ _____

Signature of Parent or Guardian Date

Phone(s): Home _____ Work_____ Cell_____

Address_____ City_____ Zip_____

Emergency Contact (Other than Parent) _____

Emergency Contact's Phone Number_____

Medical Information

Child's Name_____ Date of Birth_____

Allergies_____ Medications_____

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

Family Doctor_____ Doctor's Number_____

Hospital Preference_____

Medical Insurance Company_____

Policy Number_____

Policy Holder's Name_____