

Saint Vivian Office of Religious Education - PSR

This form shall be kept for the 2007 - 2008 PSR School Year. This form will provide all the necessary medical/emergency information regarding your child, which will be used in the event of an emergency while your child is participating in a program./event.

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.
3. (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 any 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.
4. I agree that the Archbishop or his agents may use my child's portrait or photograph for editorial purposes and office functions, and hereby release the Archbishop and his agents from any 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

Home Phone Number _____ Work Phone Number _____ Cell Phone Number _____

Address _____ City _____ Zip _____

Emergency Contact (Other than Parent) _____

Emergency Contact's: Home Phone Number _____ Cell Phone Number _____

Medical Information

Child's Name _____ Date of Birth _____

Allergies _____ Medications _____

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

Family Doctor _____ Phone Number _____

Hospital Preference _____

Medical Insurance Company _____

Policy Number _____

Policy Holder's Name _____

Home Phone Number _____ Work Phone Number _____ Cell Phone Number _____

Address _____ City _____ Zip _____