

ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY
Off-Site Youth Group Events 2019

1. I, the lawful parent or guardian of _____ (the "child"), give permission for my child to participate in the activity listed below 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 within the Archdiocese, and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost or expenses, including attorney fees, arising out of 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.

3a. 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.

3b. This power of attorney shall lapse automatically upon completion of the activity and related travel.

4. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions.

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

Signature of Parent or Guardian _____ Date ____ / ____ / ____

Address: _____ City _____ Zip _____

Phone: (w) _____ (h) _____ (cell) _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: (w) _____ (h) _____ (cell) _____

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/ID No.: _____

Member's Name: _____ Phone: (h) _____ (w) _____

Family Doctor Name: _____ Phone: _____

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ACTIVITY INFORMATION

Please initial next to any activities that you are approving.

Church Agency Program or Group: Catalyst! Youth Group

_____ Activity: Mini-Golf
Date and Time: May 19, 2019, 2:00pm -3:30pm
Fee: \$0 per child
Location: Fairfield Fun Center, 6400 Dixie Highway, Fairfield, OH 45014 Phone: 513-870-9268
Group Leader: Ann Shackelford
Telephone No. 513-738-1014, 513-288-9379 (cell)
Other Information: N/A

_____ Activity: Swimming/Pizza Dinner
Date and Time: July 14, 2019, 2:00pm - 6:30pm
Registration Fee: \$0 per child
Location: Oxford Aquatic Center 701 Kay Rensch Dr., Oxford, OH 45056
and Oxford Pizza Hut 135 Lynn St., Oxford, OH 45056
Group Leader: Ann Shackelford
Telephone No. 513-738-1014, 513-288-9379 (cell)
Other Information: N/A

_____ Activity: Canoe Trip – Whitewater River Brookville, IN
Date and Time: September 8, 2019, 1:00pm - 6:30pm
Registration Fee: \$0 per child
Location: Brookville, IN
Group Leader: Ann Shackelford
Telephone No. 513-738-1014, 513-288-9379 (cell)
Other Information: N/A

_____ Activity: Corn Maze – Wendel Farms
Date and Time: October 5, 2019, 6:30pm - 9:00pm
Registration Fee: \$0 per child
Location: Wendel Farms, 8134 N. State Line Road, Brookville, IN 47012
Group Leader: Ann Shackelford
Telephone No. 513-738-1014, 513-288-9379 (cell)
Other Information: N/A

_____ Activity: Escape Room
Date and Time: November 3, 2019, 1:00pm - 3:00pm
Registration Fee: \$0 per child
Location: Escape Room Family, 2838 E Kemper Rd, Sharonville, OH 45241
Group Leader: Ann Shackelford
Telephone No. 513-738-1014, 513-288-9379 (cell)
Other Information: N/A