

ARCHDIOCESE OF CINCINNATI

PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 6-2006)

1. I, the lawful parent or guardian of _____ (the "child"), give permission for my child to participate in the activity described on the reverse 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 (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 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 further understand that my Child's participation is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, elect to participate 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 my child's portrait or photograph for promotional purposes, website and office functions.

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.

Signature of Parent or Guardian _____ Date _____

Parents' Names _____

Address _____ City _____ Zip _____

Phone: (h) _____ (c) _____ (w) _____

Place of Employment _____

Address _____ City _____ Zip _____

Emergency Contact _____ relationship _____

Phone: (h) _____ (c) _____ (w) _____

Medical Information — Completed by Parent or Guardian — Please Print

Child's Name _____ Birth date _____

Child's Social Security # * _____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy diabetes)

Medical Insurance Co. _____ Policy No. _____

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

Member's Birth Date ____/____/____ Member's Social Security # * _____

Family Doctor _____ Phone _____

*Social Security # is optional; however, please note that some hospitals WILL NOT treat without it.

On-Going Program of Nativity Religious Education held in Nativity Parish office building. Starting October 6, 2019 and ending May 14, 2020. Registration fee \$50 for registered parishioners, \$100 for non-parishioners.

Atrium I Sunday 9:45-11:15, Atrium I Thursday 9:30-11:00 Mary Lennard

Atrium II Thursday 4:30 – 6:00. Mary Lennard 531-7572

BOW Thursday 4:30 – 6:00 Linda Crawford and Mary Beth Donelan
Coordinator: Sr. Janet Schneider