

**ARCHDIOCESE OF CINCINNATI  
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY**

**Church Agency:** St Luke Parish, 1440 N Fairfield Rd, Beavercreek Ohio Youth Ministry 6th-12th grades.

**Location:** St Luke Parish and Grounds and within a two mile walking distance of St Luke Parish.

**Emergency No.:** 513-805-5429 **Group Leader:** Maria DeRoo **Telephone No.:** 937-426-1733

**Starting Date:** June 1, 2017 **Ending Date:** May 31, 2018

**Activity Information:** This permission slip covers all Youth Ministry activities during the specified scheduled time frame from June 1, 2017 through May 31, 2018 happening on the St Luke Parish Buildings and Grounds or within a two mile walking distance from the parish. Youth Ministry activities include praying, playing and eating. Activities can be indoors or outdoors. Youth Ministry may walk to eating establishments nearby. Parents will be called before leaving the parish grounds.

1. I, \_\_\_\_\_, the lawful parent or guardian of

\_\_\_\_\_ (the "child"), give permission for my child to participate in the activity described in the *Activity Information* 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 and schools within the Archdiocese (the "Archdiocese"), and their 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 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 Children, and my own and my Children's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

**Parent/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Please complete the "St Luke Youth Ministry Medical Information Card 2017-2018" form printed on Page 2. See reverse side.)**

**ST LUKE YOUTH MINISTRY**  
**MEDICAL INFORMATION CARD 2017-2018**

**Medical and Emergency Contact Information – To be completed by Parent or Guardian - Please Print**

Youth's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Parent/Guardian E-mail \_\_\_\_\_

Youth E-mail \_\_\_\_\_

Parent/Guardian Work Address \_\_\_\_\_

Best way to contact you please circle    call    text    email    mailing

Emergency Contact (other than parent) \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

Youth's Social Security # \* \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Chronic Conditions (i.e. epilepsy, diabetes) \_\_\_\_\_

Medical Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

Member's Name \_\_\_\_\_ Phone # \_\_\_\_\_

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.

**I can help Youth Ministry by:**

\_\_\_\_\_ Chaperoning

\_\_\_\_\_ Preparing Food

\_\_\_\_\_ Planning Activities

\_\_\_\_\_ Other \_\_\_\_\_

**Youth Grade (2017-2018):** \_\_\_\_\_ **T-shirt size:** \_\_\_\_\_

**School attended:** \_\_\_\_\_

**(Please complete the "Archdiocese of Cincinnati Permission, Release, and Medical Power of Attorney" form on Page 1. See reverse side.)**