

Sacred Heart of Jesus CCD
2017-2018 Emergency Medical Release Form

This release form will apply to all CCD Activities on Sacred Heart of Jesus parish grounds from September 2017 - June 2018.
It is the responsibility of the parent / guardian to notify Sacred Heart of Jesus Parish if any information changes during this time period.

Medical Insurance Co. _____ Policy number _____

Home Address _____

Home Phone Number _____ Cell Phone Number _____

Father's Name _____ Mother's Name _____

Father's Emergency Number _____ Mother's Emergency Number _____

Family Doctor _____ Office Phone _____

Family Dentist _____ Office Phone _____

Emergency Contact Person _____ Relationship _____

Home Phone Number _____ Cell Number _____

1st Child's Last Name _____ **First Name** _____

Allergies _____

Medications _____ Chronic Conditions (i.e. diabetes) _____

Birthday _____

2nd Child's Last Name _____ **First Name** _____

Allergies _____

Medications _____ Chronic Conditions (i.e. diabetes) _____

Birthday _____

3rd Child's Last Name _____ **First Name** _____

Allergies _____

Medications _____ Chronic Conditions (i.e. diabetes) _____

Birthday _____

4th Child's Last Name _____ **First Name** _____

Allergies _____

Medications _____ Chronic Conditions (i.e. diabetes) _____

Birthday _____

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

1. I, the lawful parent or guardian of _____ (the "child/ren"), 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
8. I understand that photos of my child(ren) may be taken at events. I consent that pictures may be posted and/or published, e.g. Facebook, Twitter, parish website, parish bulletin, etc. Pictures will not be tagged with names unless further written consent is given.

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 ____ / ____ / ____