

~ Medical, Photo and Liability Release Form ~

**St. Maximilian Kolbe Church – June 2010 thru May 2011**

(Completed by Parent or Guardian – Please Print)

Child's Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Home Phone \_\_\_\_\_ Email address \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_

This Medical Release Form will cover all activities of St. Maximilian Kolbe Church as indicated on the back.

A registration form and payment for each specific activity must also be turned in when required.

**Please notify us if any information given below changes throughout the year. Thank you.**

**ARCHDIOCESE OF CINCINNATI**

**PERMISSION, RELEASE AND INDEMNIFICATION 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 offices, agents, representatives, volunteers, and employees of either the Archdiocese or any Parish thereof ("agents") from any liability, actions, causes of action, claims, judgments, cost 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 on 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 this activity:
  - (i) To give any and all consents and authorizations to any physician, dentist, hospital, or other person or persons 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 my 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.
- (b) The power of 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 not be affected by my disability, incapacity, or adjudicated incompetence. This power of attorney shall lapse automatically and 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 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**

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Parent's Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

**Other Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_

**CHILD'S MEDICAL INFORMATION**

**To be completed by Parent or Guardian – Please Print**

Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Chronic Conditions (e.g. Epilepsy, diabetes) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Member's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

**Please return this form to St. Maximilian Kolbe, 5720 Hamilton-Mason Rd., Hamilton, OH 45011**

*(See reverse side for activity information)*

# ST. MAX RELIGIOUS FORMATION OF YOUTH ACTIVITY INFORMATION

## On-Going Religious Education Program

Church Agency      St. Maximilian Kolbe Church

Program or Group    Religious Formation

Starting Date        June, 2010    Ending Date    May, 2011

Usual Location      Parish Complex

Routine Activities   Religious Education Classes

Program Contact     777-4322 x-120 or x-109, Religious Formation Office