

~ Medical, Photo and Liability Release Form ~
St. Maximilian Kolbe Catholic 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 Catholic Church as indicated on the back.

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. Maximilian Kolbe Catholic Church – Confirmation Preparation 2010-11

In addition to attending Sunday Mass, Candidates are expected to be fully active in their Confirmation Preparation by attending all the events listed below. Please report an absence due to illness or emergency BEFORE the event if possible by calling Marlene at 777-4322/cell 703-1061.

Aug 18– Sep 25, 2010	Small Faith Group Social Event
Aug 18 – Apr 9, 2011	Small Faith Group Service Event
Jun 1 – Apr 9, 2011	Family Service Project
Sep 26, 2010	Opening Event
Oct 2 or 3, 2010	Blessing of Confirmandi and Reception
Nov 30, 2010	Session 1, BAPTISM - Prayer Service & Discussion
Jan 18, 2011	Session 2, The HOLY SPIRIT – Prayer Service & Discussion
Feb 15, 2011	Session 3, ANNOINTING – Prayer Service & Discussion
Mar 19 or 20 or 26	Spring Retreat at the Jesuit Spiritual Center in Milford Either: Sat March 19 or Sun March 20 or Sat March 26
Mar 22, 2011	Session 4, DISCIPLESHIP – Prayer Service & Discussion
Apr 5, 2011	MakeUp Session – If needed.
Apr 10, 2010	Evening of Affirmation
May 12, 2010	Rehearsal
May 14, 2011	Rite of Confirmation held at St.

St. Maximilian Kolbe Catholic Church – JrHigh 1X1 Monthly Events for 2010-11

- 5:30-6:00 Gathering and Open Gym
- 6:00-7:30 Activities in the Gym and Conference Room
- 7:30-8:00 Bible Study

Sep 12

Oct 24

Nov 14

Dec 12, also possible field trip to sing Christmas Carols at a nursing home

Jan 16

Feb 6

Mar 6

Apr 3, also possible field trip to attend St. John Passion Play

May 22