

Office Use Only:  
Date Fees received \_\_\_\_\_  
Paid Cash \_\_\_\_\_ Check # \_\_\_\_\_  
Amount paid \_\_\_\_\_

**Holy Redeemer Religious Education and Youth Ministry  
2006-2007 Emergency Medical Release Form**

*This release form will apply to all activities of the Holy Redeemer Religious Education and Youth Ministry programs that youths are given permission to participate in from September 1<sup>st</sup>, 2006 through August 31<sup>st</sup> 2007. It is the responsibility of the parent/guardian to notify Holy Redeemer Church if any information changes during this time period.*

**1<sup>st</sup> Child's Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

Birthdate \_\_\_\_\_ Allergies \_\_\_\_\_

Medications \_\_\_\_\_ Chronic Conditions (i.e. diabetes) \_\_\_\_\_

**2<sup>nd</sup> Child's Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

Birthdate \_\_\_\_\_ Allergies \_\_\_\_\_

Medications \_\_\_\_\_ Chronic Conditions (i.e. diabetes) \_\_\_\_\_

**3<sup>rd</sup> Child's Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

Birthdate \_\_\_\_\_ Allergies \_\_\_\_\_

Medications \_\_\_\_\_ Chronic Conditions (i.e. diabetes) \_\_\_\_\_

**4<sup>th</sup> Child's Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

Birthdate \_\_\_\_\_ Allergies \_\_\_\_\_

Medications \_\_\_\_\_ Chronic Conditions (i.e. diabetes) \_\_\_\_\_

**5<sup>th</sup> Child's Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

Birthdate \_\_\_\_\_ Allergies \_\_\_\_\_

Medications \_\_\_\_\_ Chronic Conditions (i.e. diabetes) \_\_\_\_\_

**6<sup>th</sup> Child's Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

Birthdate \_\_\_\_\_ Allergies \_\_\_\_\_

Medications \_\_\_\_\_ Chronic Conditions (i.e. diabetes) \_\_\_\_\_

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Medical Insurance Co. \_\_\_\_\_ Policy Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Father's Work Number \_\_\_\_\_ Mother's Work Number \_\_\_\_\_

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

Family Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

**Archdiocese of Cincinnati Release and Indemnification Agreement  
& Medical Power of Attorney**

1. I, the lawful parent or guardian of the above mentioned child/children, release from all liability and indemnify and hold harmless the Archbishop of Cincinnati, both individually and as trustee for the Archdiocese of Cincinnati and all parishes within the Archdiocese, and the officers, agents, representatives, volunteers, and employees of either the Archdiocese or any parish thereof ("agents") from any and all liability, actions, causes of action, claims, judgments, costs 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 from the activities of the Holy Redeemer Religious Education or Youth Ministry programs.
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 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:
  - i. To give any and all consents and authorizations to any physician, 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 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 powers and authority granted herein may be revoked by me by written notice delivered to the Archbishop's 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 incompetency. This power of attorney shall lapse automatically upon the 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, office functions, parish website, and hereby release the Archbishop and his agents from any 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/Guardian

\_\_\_\_\_  
Date