

ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE & MEDICAL POWER OF ATTORNEY (rev. 2005)

1. I, the lawful parent or guardian of (the "child"), give permission for my child to participate in the activity described above 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, 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 or from the activity.

2. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.

3a. 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.

3b. This power of attorney shall lapse automatically upon completion of the activity and related travel.

4. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions.

I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning.

I have all the necessary information about activities involved.

Signature of Parent or Guardian _____ Date _____

Address _____ City _____ Zip _____

Phone: (w) _____ (h) _____ (c) _____

Emergency Contact Phone: (h) _____ (c) _____

Student's School Current Grade (please circle) 7th 8th 9th 10th 11th 12th

Medical Information — Completed by Parent or Guardian — Please Print

Child's Name _____ Birth date _____

Allergies/Medications _____ Chronic Conditions _____

Family Doctor Phone _____ Medical Insurance Co. Policy # _____

Members's Name Phone: (h) _____ (w) _____

Member's Place of Employment _____

Participant's SSN# _____ Member SSN# _____

*Social Security Number is optional; however, please note that some hospitals WILL NOT treat without it.

ACTIVITY INFORMATION --- Please Do NOT Detach

Church Group: SJN Youth Ministry Activity: Ski Trip to Perfect North Fee: \$32-50

Date and Time: February 9, 2008 – 9:00am – 4:30pm Meeting Place: SJN Parish Offices

Transportation: adults Group Leader: Elizabeth Montgomery Telephone No: 513-742-0953 ext. 214