

ARCHDIOCESE OF CINCINNATI
CONSENT, PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. April 2008)

1. I, the lawful parent or guardian of _____, give permission for my child to participate in the activity described on the reverse side and do hereby release from all liability and indemnify the Archbishop of Cincinnati, both individually and as trustee for the Archdiocese of Cincinnati, Archbishop McNicholas High School, and their agents, representatives, volunteers, and employees from any and all liability, claims, judgments and expenses, including attorney fees, known or unknown at this time, arising out of any injury, sickness, death or property damage of any kind which may be incurred by the undersigned and/or participant (if participant is under 18) while participating in or traveling to or from **the activity listed on the reverse side of this form.**
2. I agree (or if participant is under 18, agree to instruct my child) to cooperate with the agents of Archbishop McNicholas High School in charge of this activity. Should it be necessary for me or my child to return home, whether through disciplinary, medical or other reasons as deemed at the sole discretion of the representatives of the Archdiocese of Cincinnati, I agree to presume any and all related transportation expenses.
- 3a. I appoint the agents of Archbishop McNicholas High School 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 in the event of any injury, illness or medical emergency:
 - (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 Archbishop McNicholas High School will make a reasonable attempt to contact the listed emergency contact as soon as possible in the event of a medical emergency.
- 3b. This power of attorney shall lapse automatically upon completion of the activity and related travel.
4. I agree that Archbishop McNicholas High School or its agents may use my (or my child's) photograph for promotional purposes, website and office functions, and hereby release Archbishop McNicholas High School and its agents from any liability resulting from such use.

I have carefully read this statement, and my signature acknowledges that I fully understand the content and meaning and have filled out the necessary medical information on the bottom of this form.

Participant name: _____ Gender: M___ F___ Age: _____
Signature of Parent or Legal Guardian: _____ Date _____
Address: _____ City/State/Zip: _____
Home Phone: (_____) _____ Work Phone: (_____) _____ Cell Phone: (_____) _____
Parent's place of employment _____
Emergency Contact: _____ Phone (h): (_____) _____ (w): (_____) _____

If participant is 18 years of age or older both the parent and the student signature is required

Signature of participant _____ Date: _____

MEDICAL INFORMATION — Please Print Clearly

Medical Insurance Co. _____ Policy No. _____
Member Name _____ Phone (h): (_____) _____ Phone (w): (_____) _____
*Child's Social Security #: _____ Child's Birthdate (mm/dd/yy): ____/____/____
*Member's Social Security #: _____ Member Birthdate (mm/dd/yy): ____/____/____
Family Physician: _____ Phone #: (_____) _____
Allergies (especially foods): _____
Special Dietary Concerns: _____
Current Medications: _____
Chronic conditions (i.e., epilepsy, diabetes): _____

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



**ARCHBISHOP McNICHOLAS HIGH SCHOOL
ACTIVITY INFORMATION**

Activity _____

Location _____

Phone Number _____

Starting Date _____

Ending Date _____

Type of Transportation

Other Information
