

ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 6-2006)

1. I, the lawful parent or guardian of _____ (the "child"), give permission for my child to participate in the activity described on the *Activity Information* form 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, including those associated specifically with *CREDO* (formerly known as *Cincinnati 2000*), 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 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.

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.

Signature of Parent or Guardian _____ Date ____ / ____ / ____

Home Address _____ City _____ Zip _____

Place of Employment _____

Work Address _____ City _____ Zip _____

Parent or Guardian Phone No. (w) _____ (h) _____

Emergency Contact _____ Phone No. (w) _____ (h) _____

Medical Information — Completed by Parent or Guardian — Please Print

Child's Name _____ Birth date ____ / ____ / ____

Child's Soc. Sec. No. * _____

Allergies _____

Medications _____

Chronic Conditions (e.g. epilepsy, diabetes) _____

Medical Insurance Co. _____ Policy No. _____

Member's Name _____ Phone No. (h) _____ (w) _____

Member's Birth date ____ / ____ / ____ Member's Soc. Sec. No. * _____

Family Doctor _____ Phone No. _____

* Social Security Number is optional. Please note that some hospitals WILL NOT treat without it.

(See *Activity Information* form)

ACTIVITY INFORMATION
Completed by Church Agency - Please Print

B. Overnight stay during the time of CREDO, September 25-27, 2009

Church Agency All Saints and St. Gertrude Activity Two overnight stays

Location: All Saints or St. Gertrude Gym and Parish Center Emergency # 513-314-1147 Cost \$20.00

Starting Date and Time September 25, 2009 11 pm Meeting Place All Saints/Saint Gertrude

Ending Date and Time September 27, 2009 7:30 am Meeting Place All Saints/Saint Gertrude

Activities Involved Small Group discussion / sleep / snacks / breakfast

Type of Transportation (if any) No transportation provided

Group Leader _____ Telephone No. _____

Other Information _____

_____ Check here if any additional information is attached. (Note: any additional activity information (e.g. schedule, list of specific activities, etc.) may be attached to further inform parents(s) or guardian(s).

FURTHER INFORMATION

Separate sleeping accommodations for girls and for boys.

2 nights, 2 snacks, 2 cold (but good) breakfasts

Great overnight security

\$20 per person

Once you're checked in, you're in until the next morning unless a parent/guardian comes to get you.

There are **NO SHOWER FACILITIES**

limited electrical outlets for grooming appliances

Bring sleeping bag or mat, blanket, pillow, personal care items. The floor is your bed! ☺

Only those REGISTERED will be admitted on Friday and/or Saturday nights. Check-in each night.

Take all your gear into Moeller on Friday. You will register after the retreat events of the day are over.

Chaperones are required to sleep at All Saints/St. Gertrude if your group sleeps at All Saints/St. Gertrude.
All the same criteria apply to chaperones as to participants.

SPACE IS LIMITED. MAIL YOUR REGISTRATION AS SOON AS POSSIBLE. Once we've reached capacity, we will not be able to accept any more.

All Registration information and forms are available at the web site: www.credoibelieve.org