

## YOUTH YOUTH YOUTH

### **Archdiocesan Policy: Guidelines for Youth Activities**

Parental rights, good administration and youth protection dictate that the appropriate sharing of information and granting of permissions be involved when youth participate in parish-based activities.

The Archdiocese of Cincinnati has developed a sample form to satisfy these needs. While this particular form is not mandated for use in the parishes of the Archdiocese, it is recommended.

Whether the particular recommended form is used or not, the following written documentation is required in some form, whether a child is registering for an ongoing program or for a single activity.

1. Name of student
2. Name of parish/school
3. Name of adult in charge
4. Date of activity or regular time for program
5. Location of activity
6. Telephone number where youth can be reached in case of a family emergency
7. Starting time or date, ending time or date
8. General description of program or activities which are involved
9. Method of transportation (if any)
10. Cost (if any)

In addition to providing this information to the parents, the form must provide a place for the parent to give permission for the child to participate in the program or activity and to receive emergency medical care (including pertinent medical information), if the activity will take the youth some distance from home. In addition there must be a release of the Archdiocese, Archbishop, parish and school from liability in the event of accident or injury to the youth utilizing the following language: *I, the lawful parent or guardian of \_\_\_\_\_ (the "child"), give permission for my child to participate in the activity described on the reverse 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 to or from the activity.* A parent or legal guardian must provide for the above by written signature and date and also supply a telephone number where the parent can be reached in case of an emergency involving the child.

The permission forms are to be maintained throughout the duration of the activity. They are to be carried by a designated adult on trips off church/school premises.

(Policy established June, 1996)

**THIS PERMISSION FORM IS VALID FOR 1 YEAR**

**YOUTH YOUTH YOUTH**

**2016 / 2017 TUESDAY NIGHT YOUTH DISCOVERY, COOKOUTS & HANGOUTS, and WEDNESDAY NIGHT OPEN GYM**

**ARCHDIOCESE OF CINCINNATI  
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 8-2013)**

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 and schools within the Archdiocese (the "Archdiocese"), and their officers, agents, representatives, volunteers, and employees from any and all liability, claims, judgments, cost and expenses, including attorneys' fees, arising out of any injury or illness incurred by my child while participating in or traveling to or from the activity and further agree not to bring or prosecute or allow to be brought or prosecuted (including but not limited to prosecution through subrogation) in my name, or on behalf of my Child, any claims, lawsuits or actions against the Archbishop, the Archdiocese, and their officers, agents, representatives, volunteers and employees.
2. I further understand that my Child's participation is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, elect to participate in spite of the risks.
3. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of the activity.
4. 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.
5. This power of attorney shall lapse automatically upon completion of the activity and related travel.
6. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions and use social media and technology to communicate to my child regarding ministry related activities. (Facebook, texting, etc.)
7. This acknowledgement and release is intended to be as broad and inclusive as permitted by the law of the State of Ohio, and if any portion hereof is declared invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This acknowledgement and release shall be construed in accordance with the laws of the State of Ohio, except for the choice of law provisions thereof.

I have carefully read and understand and accept the terms and conditions stated herein and acknowledge that this Permission, Release and Medical Power of Attorney shall be effective and binding upon me, my Child, and my own and my Child's personal representative or estate, assigns, heirs, and next of kin and that I have signed this agreement of my own free will.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Guardian Phone No. (w) \_\_\_\_\_ (h) \_\_\_\_\_ (c) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone No. (w) \_\_\_\_\_ (h) \_\_\_\_\_

Other cell phone numbers, #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

**YOUTH YOUTH YOUTH**

**PARENT / GUARDIAN, PLEASE COMPLETE BOTH SIDES & RETURN IN ORDER FOR YOUR CHILD TO PARTICIPATE. THIS IS VALID BETWEEN 11/1/16 AND 11/1/17**

**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.**

If requested by my child you may give them the checked non-prescription products below (generic or name brand)  
\_\_ Tylenol    \_\_ Advil    \_\_ Tums    \_\_ Pepto Bismol    \_\_ Aspirin    \_\_\_\_\_ Other

\_\_\_\_\_ No medication of any type may be given to my child unless the situation is life threatening, and/or emergency treatment is required.

**NOTE: IF INSURANCE or PERSONAL INFORMATION CHANGES IN THE TIME LISTED, YOU MUST FILL OUT ANOTHER FORM INDICATING THOSE CHANGES.**

**ACTIVITY INFORMATION**

**Completed by Church Agency - Please Print**

(As a convenience to parent(s) or guardian(s), a duplicate copy of this information may be attached so as to be retained by them; also any additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

**On-Going Program**

Church Agency, **SAINT JOHN YOUTH MINISTRIES**

Program or Group, **OPEN GYM – VOLLEYBALL – BASKETBALL – KICKBALL - YOUTH DISCOVERY - COOKOUTS - HANGOUTS**

**Starting Date November 1, 2016**

**Ending Date November 1, 2017**

Usual Location, days & times, **OPEN GYM IN ST. JOHN SCHOOL GYM on WEDS. 8 – 9:30 P.M.**

**OTHER PROGRAMS AT ST. JOHN YOUTH HOUSE, 527 HARRISON AVE. on TUES. 7 – 8:30 P.M.**

Routine Activities **VOLLEYBALL, BASKETBALL, KICKBALL, PRAYER, SMALL & LARGE GROUP DISCUSSION, GROUP GAMES & SKITS, BLACKTOP PLAYGROUND GAMES, WIFFLEBALL, CORNHOLE GAMES, COOKOUTS, CHURCH & CHAPEL VISITS, ETC.**

Group Leader **HUB MARTINI** Telephone No. **513-367-9879 YOUTH HOUSE, 513-218-0110 CELL**

Other Information **FOR ALL HIGH SCHOOL STUDENTS – YOUNG ADULTS – COLLEGE STUDENTS**

**PARENT / GUARDIAN, PLEASE COMPLETE BOTH SIDES & RETURN IN ORDER FOR YOUR CHILD TO PARTICIPATE. THIS IS VALID BETWEEN 11/1/16 AND 11/1/17**