

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 (pp. I-4, I-5). 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, parish and school from liability in the event of accident or injury to the youth. 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)

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.)

A. On-Going Program

Church Agency : Multi-Parish Religious Education Program

Program or Group: St. Agnes, Bellarmine Chapel, St. Francis de Sales, St. Clement

Starting Date: 7/26/10 Ending Date: 8/06/10 Registration Fee \$ 75.00

Usual Location: St Clement Usual day and time: 8:30 AM-12:30 PM

Routine Activities: Religious Education

Group Leaders: Jim Crosby Telephone # 745-3317

Larry Unger Telephone # 641-0147 x808

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).

ARCHDIOCESE OF CINCINNATI
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 7-2005)

1. 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.

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 ____/____/____

Address _____ City _____ Zip _____

Place of Employment _____

Address _____ City _____ Zip _____

Phone: (w) _____ (h) _____ (cell) _____

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

Medical Information — Completed by Parent or Guardian — Please Print

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

*Child's Soc. Sec. # _____

Allergies _____

Medications _____

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

Medical Insurance Co. _____ Policy No. _____

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

Member's Birth date: ____ / ____ / ____ Member's Soc. Sec. # * _____

Family Doctor: _____ Phone _____

*Social Security number is optional. Please note that some hospitals WILL NOT treat without it.
(See reverse for activity information)