

**St. John the Evangelist Church
Office of Youth & Young Adult Ministry
ADULT Medical Emergency, Release, and Medical Power of Attorney Form
2011-2012
(Please Print)**

Name _____ Email _____

Home Phone _____ Cell _____ Age ____ Birthdate __/__/__

Street Address _____ City _____ State _____ Zip _____

This Medical Emergency, Release, and Medical Power of Attorney Form will cover all onsite and offsite activities of St. John the Evangelist Church including Youth & Young Adult Ministry, and including transportation, from the date signed through Sept. 30, 2012. A separate registration form for each activity may also be required. Specific forms are available at the Office of Youth & Young Adult Ministry prior to each event. The phone number is 755-4972.

Please notify us if any information given below changes throughout the year. Thank you.

**ARCHDIOCESE OF CINCINNATI
RELEASE AND INDEMNIFICATION AND MEDICAL POWER OF ATTORNEY**

1. I 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 me while participating in or traveling to or from the activity.
2. I agree to cooperate with the Archbishop or his agents in charge of the activity, and to obey all rules of the facility and/or function, as well as the laws of the city, township, county, state, or country in which the activity takes place.
- 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 able, with respect to the following matters if any injury, illness or medical emergency occurs during the activity or related travel, and I am unable to act on my behalf:
 - (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 my best interest, including sharing the personal information on this form for the above purposes.
 - (ii) I understand that the agents of the Archbishop will make a reasonable attempt to contact my emergency contact person as soon as possible in the event of a medical emergency involving me.
- 3b. The powers and authority granted herein may be revoked by me by written notice delivered to the Archbishop or his agents who are then acting or who have previously acted hereunder. Without such written notice, this power of attorney shall not be affected by my disability, incapacity or adjudicated incompetence. This power of attorney shall lapse automatically at the end of above said time period.
4. I agree that the Archbishop or his agents may use my portrait or photograph, including electronically or digitally, for promotional purposes, office functions, including websites, and hereby release the Archbishop and his agents from any liability resulting from such use.

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

_____	_____	_____/_____/____
Signature	Print Signature	Date

Place of Employment _____ Work Phone _____

Address _____ City/State _____ Zip _____

Medications _____

Allergies/Disorders/ _____

Chronic conditions (e.g. epilepsy, ADHD, diabetes) _____

Medical Insurance Company _____ Member Number _____

Member's Name (if other than above) _____ Home Phone _____ Cell/Emergency Phone _____

Primary Doctor _____ Phone _____ Other Dr.? # _____

Emergency Contact Person _____ Relationship _____ Phone _____

Please return form to St. John Church Office of Youth & Young Adult Ministry, 9080 Cincinnati-Dayton Rd, West Chester, OH 45069