

Archdiocesan Policy for Youth Activities (rev. 7-9-2020)

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 and school activities.

The Archdiocese of Cincinnati has developed the following Permission, Release, and Authorization to Seek Medical Treatment Form, Medical Information Form, and Activity Information Form (collectively, the “Forms”) to satisfy these needs. **These Forms are mandated for use in the parishes and schools of the Archdiocese.**

The following information is required and must be documented, whether a child is registering for an ongoing program or for a single activity.

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

The signed and completed Forms are to be maintained throughout the duration of the activity or program and should be kept by the parish and school for not less than two years following the conclusion of the activity or program. The signed and completed Forms may be scanned and saved electronically to the school/parish server. When an accident or injury of any kind occurs, the signed and completed Forms should be kept indefinitely. A designated adult involved in the activity or program must have access to the signed and completed Forms.

PERMISSION, RELEASE, AND AUTHORIZATION TO SEEK MEDICAL TREATMENT FORM (rev. 7-9-2020)

1. I, the custodial parent/legal guardian of _____ (the "Child"), give permission for my Child to participate in the activity described on the *Activity Information Form* (the "Activity") and release from all liability, indemnify, and hold harmless Church of the Holy Angels (print name of parish and school) ("Parish and School"), the Archdiocese of Cincinnati (the "Archdiocese"), the Archbishop of Cincinnati (the "Archbishop"), both individually and as trustee for the Archdiocese, all parishes and schools within the Archdiocese, and all of their agents, representatives, volunteers, and employees from any and all liability, claims, judgments, damages, costs and expenses, including attorneys' fees, arising out of any injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), or death, (including any injury, illness, infectious and/or communicable disease, or death caused by the negligence of Parish and School, the Archbishop, the Archdiocese, any parish or school within the Archdiocese, or any of their agents, representatives, volunteers, or employees) incurred by my Child while participating in the Activity, traveling to or from the Activity, or while using the facilities and equipment of the Parish and School. I 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 Parish and School, the Archbishop, the Archdiocese, all parishes and schools within the Archdiocese, or their agents, representatives, volunteers, and employees.

2. I understand that my Child's participation in the Activity is purely voluntary and is a privilege and not a right, and that my Child, and I on behalf of my Child, agree to my Child's participation in the Activity in spite of the risks of injury, illness, infectious and/or communicable disease (such as MRSA, influenza, or COVID-19), and death. I agree that if my Child has underlying health concerns which may place him/her at greater risk of contracting COVID-19 or that would possibly increase the severity of illness if COVID-19 is contracted, then my Child and I will consult with a health care professional before participating in the Activity.

3. I agree to instruct my Child to cooperate with the agents of Parish and School and/or the Archdiocese who are in charge of the Activity.

4. I authorize the agents of Parish and School and/or the Archdiocese who are acting as leaders of the Activity to seek medical treatment for my Child in the event of any injury, illness, or medical emergency during the Activity or related travel. I understand that the agents of Parish and School and/or the Archdiocese will make a reasonable attempt to contact me as soon as possible in the event of a medical emergency involving my Child.

5. *Please indicate.* I ☒ agree ☐ do not agree that Parish and School and/or the Archdiocese may use my Child's portrait or photograph for promotional purposes, website, and office functions.

6. *Please indicate.* I ☒ agree ☐ do not agree that Parish and School and/or the Archdiocese may use social media and technology to communicate with my Child regarding parish/school related ministry activities.

7. This Permission, Release, and Authorization 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 Permission, Release, and Authorization shall be construed in accordance with the laws of the State of Ohio, excluding, and irrespective of, any choice of law principles to the contrary.

8. Parish and School, the Archdiocese, the Archbishop and their agents, employees, and volunteers shall have no liability whatsoever in the event the Activity is cancelled due, in whole or in part, to any present or future pandemic, epidemic, widespread disease or illness, public health concern, or circumstances arising therefrom, or from actions taken by any governmental or municipal authority to prevent, avoid, or mitigate the impacts thereof.

I have carefully read and understand and accept the terms and conditions stated herein and I acknowledge and agree that this Permission, Release, and Authorization to Seek Medical Treatment shall be effective and binding upon me, my Child, and our personal representatives, estates, assigns, heirs, and next of kin. I have signed below of my own free will.

Signature of Custodial Parent/Legal Guardian _____ Date __/__/_____

Print Name: _____ Home Address: _____

Place of Employment & Address _____

Custodial Parent/Legal Guardian Phone No. (cell): _____; (other Phone No.): _____

Emergency Contact Phone No. (cell): _____; (other Phone No.): _____

MEDICAL INFORMATION FORM
Completed by Custodial Parent/Legal Guardian — Please Print

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

Allergies (e.g. food, drugs, anesthetics): _____

Medications taken regularly: _____

Medical Conditions/Impairments (e.g. epilepsy, diabetes, asthma): _____

Family Doctor: _____ Phone No.: _____

Custodial Parent/Legal Guardian Phone No. (cell): _____; (other Phone No.): _____

Emergency Contact Phone No. (cell): _____; (other Phone No.): _____

(See Activity Information Form below)

ACTIVITY INFORMATION FORM
Completed by Parish/School -- 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; additional information may be attached to further inform them of specific scheduling details, additional activity information, etc.)

A. On-Going Program

Parish/School Church of the Holy Angels Program or Group Sacrament Prep

Starting Date Sept 14, 2025 Ending Date May 2, 2026 Registration Fee \$50/person

Usual Location Holy Angels School, Church Usual day and time Sundays, 9-10:30 am

Routine Activities Sacrament prep classes

Group Leader Katy Dalrymple Telephone No. 937-474-2667

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).)

B. One-Time Activity

Parish/School Church of the Holy Angels Activity First Reconciliation/First Communion Retreat

Location Holy Angels School/Church Emergency No. 937-474-2667 Cost _____

Starting Date and Time Apr 19, 9am Meeting Place Holy Angels School Gym, Church, Cafeteria

Ending Date and Time Apr 19, 1pm Meeting Place _____

Activities Involved Retreat

Type of Transportation (if any) _____

Group Leader Katy Dalrymple Telephone No. 937-474-2667

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).)

Signature of Custodial Parent/Legal Guardian _____ Date ____/____/____