

Faith Formation of Youth and Young Adults

Parental/Guardian Permission Form

RELEASE, INDEMNIFICATION AGREEMENT AND MEDICAL POWER OF ATTORNEY

I, the lawful parent or guardian of _____ ("my child") irrevocably release from all liability, and hereby agree to indemnify and hold harmless the Roman Catholic Archbishop of Boston, both individually and in his capacity as trustee for the benefit of the Roman Catholic Archdiocese of Boston and all parishes within the Archdiocese, including but not limited to **___St. Eulalia Parish, Faith Formation/Youth Ministry (collectively, "RCAB")**, and the officers, agents, representatives, volunteers, chaperones, clergy, religious and employees of either the Archdiocese of Boston or any parish or youth ministry thereof ("Agents") from any and all liability, actions, causes of action, claims, judgments, cost or expenses, including but not limited to attorneys' fees, known or unknown at this time, arising out of or in any way related to any injury or illness or other damages to person or property incurred by my child while participating in or traveling to or from **___Confirmation Retreat___**.

I agree to instruct my child to cooperate with and follow the Instructions of RCAB and Its Agents, including but not limited to **___St. Eulalia Parish, Faith Formation/Youth Ministry___**, in charge of the activity. In the event my child does not cooperate with or follow the Instructions of RCAB or Its Agents, or violates the **Archdiocese of Boston Code of Behavior (which I acknowledge that I have reviewed)**, I agree that I shall, at my sole cost and expense, arrange for the immediate transportation of my child from **___ Confirmation Retreat ___** event to my custody, if so requested by RCAB or any of its Agents.

I appoint RCAB or Its agents, including but not limited to **___ St. Eulalia Parish, Faith Formation/Youth Ministry ___**, who are acting as leaders of the activity as my attorney in fact to act for me in my name and on my behalf, in any way that I would, in the reasonable and sole judgment of RCAB or Its agents, be expected to act if I were personally present, with respect to the following matters if any injury, illness or medical emergency occurs during the activity:

To give any and all consents and authorizations to any physician, 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, in fact, shall deem necessary or appropriate for the best interest of my child.

I understand that RCAB and Its Agents will make a reasonable attempt to contact me as soon as possible in the event of medical emergency involving my child. The powers and authority granted herein may be revoked by written notice delivered in-hand to RCAB or Its 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 upon completion of the activity and the return of my child to **___St. Eulalia Parish or School**.

As evidenced by my signature below, RCAB and Its agents, including but not limited to **___ St. Eulalia Parish, Faith Formation/Youth Ministry**, may use my child's portrait, photograph or video for promotional purposes related to the advancement and development of the ministry of the Roman Catholic Church and the Archdiocese of Boston, and hereby release RCAB and Its Agents from any liability resulting from such use.

I **GIVE** permission_____

I **DO NOT** give permission_____

If any change occurs in the information provided by the parent or guardian with respect to emergency contacts or medical information, the appropriate Agent will be provided with written notification of such

change as soon as possible.

I understand and agree that RCAB and Its agents, including but not limited to **___ St. Eulalia Parish, Faith Formation/Youth Ministry __**, are not and shall not be responsible for assuring that my child takes any medications, prescription or otherwise, which are indicated for my child.

I have carefully read this statement, and my signature acknowledges that I fully understand and agree to its content and meaning. I give my permission for my child to attend _____.

Signature of Parent or Guardian_____

Signature of my child_____

Date_____

Home Telephone_____

PLEASE PRINT THE FOLLOWING INFORMATION

Name of adult signing this form_____

Email_____

Name of my child_____

Date of Birth of my child_____

Complete Address_____

City, State, Zip Code_____

Parent or Guardian work phone_____