

**ST. MARY'S PARENT/STUDENT HANDBOOK AGREEMENT  
2010-2011**

**( a form must be completed for each child )**

**I have carefully read this handbook, and my signature acknowledges that I fully understand its content and meaning. I agree to follow the policies as set forth by the Education Commission of St. Mary's.**

\_\_\_\_\_  
**(Parent Signature & Date)**

\_\_\_\_\_  
**(Phone Number)**

\_\_\_\_\_  
**(Emergency Contact Name & Relationship)**

\_\_\_\_\_  
**(Phone Number)**

**Name of Non-Custodial Parent, if applicable:**

**Should they receive correspondence also? Y N If Yes please give complete address.**

**ARCHDIOCESE OF CINCINNATI & ST. MARY PARISH, OXFORD**

**RELEASE & INDEMNIFICATION AGREEMENT & MEDICAL POWER OF ATTORNEY**

1. I, \_\_\_\_\_, the lawful parent or guardian of \_\_\_\_\_, release from all liability, and indemnify and hold harmless the Archbishop of Cincinnati, both individually and as trustee for the Archdiocese of Cincinnati and all parishes within the Archdiocese, and the officers, agents, representatives, volunteers and employees of either the Archdiocese or any parish here of, St. Mary, Oxford and its DRE from any and all liability, actions causes of action, claims, judgements, cost or expense, including attorney fees, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by my child while participating in the School of Religious Education at St. Mary's.

2. I agree to instruct my child to cooperate with the Archbishop or his agents in charge of this activity.

3. (a) I appoint the Archbishop or his agents(DRE, St. Mary's) who are acting as leaders of this 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 scheduled program activities.

(i) 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 shall deem necessary or appropriate for the best interest of my 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.

(b) 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 incompetency. This power of attorney shall lapse automatically upon completion of the school year.

4. I agree that the Archbishop or his agents may use my child's portrait or photograph for editorial purposes and office functions 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 of Parent)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Phone)**

**MEDICAL INFORMATION**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Allergies/Medications \_\_\_\_\_

Chronic Conditions \_\_\_\_\_

Medical Insurance Co. & Policy No. \_\_\_\_\_

\_\_\_\_\_  
Member's Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_