



**Looking for a family service project this fall season?
St. Martin of Tours Team Service Project “Prepare Affair” Is Almost Here!**

What is Prepare Affair? One of the largest events in the tri-state, volunteers work together in a group setting, performing winter outdoor preparation activities for low-income, elderly and/or disabled homeowners. Work includes raking leaves, cleaning up yard debris, and other minor tasks such as moving patio furniture to storage etc.

When is Prepare Affair? Saturday, November 15th. We will meet at St. Martin’s around 8:30am in the morning. All you need is warm appropriate dress and a rake!

How Do I Sign-Up? Register online at <https://forms.pwchomerepairs.org/prepare> by October 31st under crew leader, Laurie Huff. T-shirts for the event can be purchased for \$5.00 on the PWC website. If you decide not to purchase a shirt, families are asked to wear their St. Martin of Tours spirit wear. For further information about the event, please go to <http://www.pwchomerepairs.org/events/annual-main-events/prepare-affair.aspx>.

Who Can Participate? All ages welcome! Children who participate should be supervised. A list of neighbors in the surrounding area that seek our assistance will be provided.

*For questions or concerns please contact Mrs. Laurie Huff, Director of Religious Education at 661-2000 or via e-mail: hufflaurie@yahoo.com

Calling Helpful Parents
Please Return to Mrs. Laurie Huff by October 31, 2014

_____ Yes! I can assist as a chaperone or crew leader on November 15, 2014 for the Prepare Affair Event.

Parent/Caregiver Chaperone Name _____
E-Mail Address _____ Phone Number _____

**ARCHDIOCESE OF CINCINNATI PERMISSION, RELEASE
AND MEDICAL POWER OF ATTORNEY (rev. 7-2005)
Please Return to Mrs. Laurie Huff, DRE by Friday, October 31, 2014**

1. I, the lawful parent or guardian of _____ give permission for my child to participate in the *Prepare Event on Saturday, November 15, 2014* and release from all liability and indemnify the Archbishop of Cincinnati 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.

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

Signature of Parent/Guardian _____ Date: _____

Address _____ City _____ Zip _____

Emergency Contact _____ Relation: _____

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

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.

