

It's that time of year again!!! Every summer St. Francis sends a group of High School Youth on a weeklong Mission Trip somewhere in the United States (or Canada). This year we will be going to Buffalo, NY from July 6-12 for a week of service, community building, prayer, and learning. Attached is a Permission Form. There are only 15 spots available so sign up as soon as you can. This trip is filled on a first come, first serve basis and is opened to anyone in the parish who would like to attend.

The first 15 people to turn in their completed Permission Form and \$100.00 Deposit (let me know if this is an issue) will be our team for this year! This email is your opportunity to sign up early. I will be sending out a mailing to the rest of the parish next week!

You do not want to miss this opportunity!!!

**Students will be required to make a \$100.00 deposit to reserve their spot for the trip. In doing so, they are committing to attend four Mission Trip Meetings and to participate in any fundraisers required to help them reach the total cost of \$450.00. There will be ample fundraising opportunities to meet the cost of the trip. The actual out of pocket cost for the students should not be more than \$200.00, and is usually less. Scholarships are also available for those who are concerned about the cost. Just contact Noelle with any questions.**

Church Agency: St. Francis of Assisi Parish Program: Summer Mission Trip- Buffalo, NY

Starting Date: Sunday, July 6, 2008 Ending Date: Saturday, July 12, 2008 Cost: \$100.00 (Deposit)

Meeting Place: Church Parking Lot Location: Buffalo, NY via Young Neighbors In Action

Activities: Service, Community Building, Prayer, Reflection and Learning about Catholic Social Teaching.

Transportation: Adult Chaperones will be needed. Group Leader: Noelle Collis-DeVito Telephone No.: (937) 433-0128 ext. 204

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**ARCHDIOCESE OF CINCINNATI  
PERMISSION, RELEASE AND MEDICAL POWER OF ATTORNEY (rev. 7-2005)**

1. I, the lawful parent or guardian of \_\_\_\_\_ (the "child"), give permission for my child to participate in the activity described on the reverse and 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 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.
4. I agree that the Archbishop or his agents may use my child's portrait or photograph for promotional purposes, website and office functions.

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

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_

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**Medical Information – Completed by Parent or Guardian – Please Print**

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

Child's Social Security # \* \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

Chronic Conditions (e.g. epilepsy, diabetes) \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Member's Name \_\_\_\_\_ Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_

Member's Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Member's Social Security # \* \_\_\_\_\_

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

\* Social Security number is optional; however, please note that some hospitals WILL NOT treat without it.