



COPTIC ORTHODOX PATRIARCHATE



The Church Of Virgin Mary
And Saint Athanasius
1245 Eglinton Avenue West, Mississauga



Date: _____

Trip/Activity Permission and Release Form

TO BE FILLED BY PARENT/GUARDIAN OF APPLICANT WHO IS UNDER 18 YEARS OLD

Please Print Clearly

Trip/Activity: _____ Place: _____
Date & Time: _____ Return: _____

Participant: Name: _____ School Grade: _____
Address: _____ City: _____
Postal Code: _____ Phone: _____
Cell Phone: _____ Email: _____

Health Info: OHIP Card #: _____ Date of Birth: _____
Special Conditions: _____
Medications: _____
Allergies (food & Medication): _____
Family Doctor: Name: _____ Phone: _____

Parent/Guardian: Name: _____ Phone: _____
Emergency contact: Name: _____ Phone: _____

By signing this form, I, the parent/guardian, name above, of the child whose name is given above as the participant:

1. give permission to my child, the participant, to participate in this trip/activity of the Church of Virgin Mary and Saint Athanasius (the Church);
2. agree that my child, the participant, will abide by all the rules and regulations of the trip/activity leader(s); otherwise, he/she will be returned on my expense;
3. permit the Church, the trip/activity leader(s), or whom they may designate, to act on my behalf in case of medical emergencies or accidents pertaining to my child, the participant, during the trip/activity;
4. authorise the medical doctor, hospital or medical center to act as they see fit to treat my child in case of emergencies or accidents; I will be responsible for the cost of the treatment or medical procedures; and,
5. release the Church, and its priests, directors, and members, as well as the trip/activity leader(s) from all liabilities or responsibilities that may arise from accidents or other events during the trip/activity.

Signed at the city of _____ on _____

Parent/Guardian Signature: _____