



**Coptic Orthodox Church  
Diocese of Los Angeles, Southern California and Hawaii**

Coptic Orthodox Christian Center

**Event/Activity:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

**PERMISSION AND EMERGENCY MEDICAL FORM**

I request that my child \_\_\_\_\_ age \_\_\_\_\_, be permitted to participate in the above event/activity for the Church of the Three Holy Youth and St. Verena, 491 N. Hewes Street, Orange, CA 92869. He/she is in a good physical condition. Should any illness or accident occur to him/her during the camp, I will not hold liable The Church of the Three Holy Youth and St. Verena, its officers or leaders, for medical aid rendered and will reimburse The Church of The Three Holy Youth and St. Verena and St. Verena for medical and other expenses incurred in the care of my son/daughter.

My child may receive necessary first aid. He/she may receive medical attention by a duty-licensed physician. He/she may be admitted to a hospital in case of emergency. This authorization is given pursuant to section 25.8 of the Civil Code of California and remains effective only for the event and dates listed above. The parent will be contacted immediately, if possible.

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Group Number \_\_\_\_\_

Is he/she taking medication? No \_\_\_\_ Yes \_\_\_\_ What? \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Allergies To \_\_\_\_\_

Restrictive activities are \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**ALLERGIES** \_\_\_\_\_ Date \_\_\_\_\_

I agree to be financially responsible for any damages occurred as a result of my actions.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date