



**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 event/activity, 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 child.

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