

Coptic Orthodox Diocese of the Southern United States
2007 High School Girls Summer Retreat
Parent Permission/Consent Form

Event: 2007 High School Girls Summer Retreat

Date: July 23-26, 2007

Place: St. Mary & St. Moses Abbey – Corpus Christi, TX

Name: _____

Date of Birth: _____

Emergency contact and phone number: _____

PERMISSION TO ATTEND

I hereby give permission for the above daughter to attend the 2007 High School Girls Summer Retreat at St. Mary & St. Moses Abbey – Corpus Christi, Texas, from July 23-26, 2007. This retreat may include one (1) outing.

Signature of Parent/Guardian _____

Signed this _____ day of _____ 2007

AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize the treatment, administration of anesthesia, surgical treatment(s) for my minor child, listed above, in the event of a medical situation occurring in my absence or when the hospital or physicians are unable to contact me. The authorization extends to any chaperone (“servant”) of the High School Girls Summer Retreat and the local hospital, physician(s), and nursing personnel within the physician’s staff where treatment is rendered. I release from medical responsibility and liability the Coptic Orthodox Diocese of the Southern United States (“Diocese”), St. Mary & St. Moses Abbey of Corpus Christi, the High School Girls Summer Retreat servants, and the local hospital, physician(s) and nursing personnel for performing medical procedures and acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child.

Signature of Parent/Guardian _____

Signed this _____ day of _____ 2007

Medical Insurance Carrier _____

Medical Policy # _____

Please describe any medical conditions/issues (drug/food allergies, medications) for the above child.

LIABILITY TREATMENT

The undersigned as parent or legal guardian of the minor child listed above, do hereby give permission for the above named individual to attend the High School Girls Summer Retreat on July 23-26, 2007, at St. Mary & St. Moses Abbey – Corpus Christi, Texas. As a condition of attending, I do hereby release the Coptic Orthodox Diocese of the Southern United States, St. Mary & St. Moses Abbey, the High School Girls Summer Retreat, and all the Diocese’s affiliated parishes and organizations, as well as their servants, agents and employees, from any and all claims, demands, actions, or causes of action due to death, injury, or illness, in any way, arising from the above described activity, including, but not limited to transportation to and from the event. I further agree that the financial responsibility for securing care, in the case of injury resulting from participation on the retreat, is a matter between the participant and his/her health care provider, and the Coptic Orthodox Diocese of the Southern United States, St. Mary & St. Moses Abbey, or the High School Girls Summer Retreat cannot pay health care providers for treatment of any injuries. It is further agreed, that the participant will assume all legal responsibility for their personal safety and actions while participating on the retreat and while traveling to and from the retreat.

Signature of Parent/Guardian _____

Signed this _____ day of _____ 2007