

Vacation Church School

Place: Holy Trinity Greek Orthodox Cathedral of Portland

Date: June 24th – 28th

Time: 9:30am – 1:30pm, Monday - Friday at Church

Child Name: _____ Birth date & Grade: _____

Address: _____ City: _____

Gender: Male Female

Parental Authorization

As the parent or guardian of _____ I give permission for my child to participate in the activity stated above. My child has my permission participate in all aspects of this activity. I understand that neither Holy Trinity Greek Orthodox Cathedral of Portland, or any of its agents are legally responsible for any injury sustained by my child. I accept responsibility for any medical expenses as a result of any such injury sustained.

Signature Parent/Guardian: _____ **Date:** _____

Medical Release

As a parent or guardian of _____, I authorize the treatment by a qualified and licensed medical doctor of my child in the event of a medical emergency which, in the opinion of the attending physician, may endanger their life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Signature Parent/Guardian: _____ **Date:** _____

Guardian(s) Name(s): _____

Tel: _____ Email: _____

Any Medical Conditions or Allergies? _____

Does your student require medication? If so what medication? _____

Will the medication be carried with the child? _____

If not carried with your student please provide written instructions on when & how to administer to the child:

Emergency contact: Name: _____

Relationship: _____ **Tel:** _____