

Please return this form with your Balance Due (\$55 per camper) to the Cathedral office by Friday, April 19, 2019



**St. George Cathedral
TRANSPORTATION PERMISSION FORM
Parent/Guardian Authorization and Medical Consent**

My permission is given for the child(ren) noted below to be transported to the Camp St. Raphael in Chouteau, Oklahoma on a chartered bus. I further grant permission for the same child(ren) to return from Camp St. Raphael in Chouteau, Oklahoma to Wichita as arranged by St. George Cathedral.

| Name | Date of Birth | Session |
|-------|---------------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I understand that reasonable precautions will be taken to safeguard his/her/their health and safety, and that I will be notified as soon as possible in any emergency. Also, I will not hold liable any Orthodox Church, its clergy, Council members, staff, volunteers, the Antiochian Orthodox Christian Archdiocese of North American, nor any individual lending or giving his/her service or private property to be used in connection with this event, for any illness or accident. If I am unable to be reached, and the occasion demands, I further authorize any treatment and hospital care advisable under the supervision of licensed medical physician. Such treatment may include x-ray, examination, anesthetic, medical, dental or surgical diagnosis.

Date _____ Signature _____
(Parent or Legal Guardian)

Print Name signed above: _____

Full Home Address _____

Phone No. _____ Cell Phone No. _____ Email _____

Alternate Contact _____ Contact Phone No. _____
(please print)

Relationship: _____

| |
|---|
| Medical Insurance Company Name: _____ |
| Name Coverage is Under: _____ |
| Insurance Group #: _____ Insured #: _____ |