

5th Grade Trip 2017

Information for Parents

Meet at Church: 8 am for Liturgy and then trip to iPlay America

Date & Time: August 19th (Saturday at 8am to 7:30pm)

Meeting Information:

Drop off and Pick up by parent or guardian at Church

Price: \$24 (Includes food and fun)

Any questions? Please contact Meriam Youssef at (908) 391-0610

- *Checks should be made payable to "St. Mary Church"*

Please DO NOT bring a Cell Phone or electronic entertainment device such as Tablets and iPad...

Please turn to the following page for permission slip...



*St Coptic Orthodox Church
East Brunswick, New Jersey*



5th Grade Trip: Saturday August 19th (8am)

I hereby give permission to _____ to participate in the above-described activity organized by St. Mary Coptic Orthodox Church of East Brunswick, New Jersey [the Church].

As the parent/guardian of the above-named child, I fully recognize that there are risks inherent in the student's participation in this activity and I assume all such risks. Accordingly, I intending to be legally bound, hereby release and hold harmless the Church, its clergy, servants, agents and volunteers from any and all liability as a result of the student's participation in the activity, or any injury, loss, damage or incident occurring during my child's participation in the activity regardless of any negligence on the part of Church, its clergy, servants, agents and volunteers.

Furthermore, I also grant the Church, its clergy, servants, agents and volunteers full authority to take whatever action it considers warranted under the circumstances for the child's health and safety. Specifically, in case of a situation requiring medical treatment, I authorize the Church, its clergy, servants, agents and volunteers, at its discretion and at my expense, to place the above-named child in a hospital for medical services and treatment, or if no hospital is available, to obtain medical service and treatment from a doctor. In obtaining, authorizing, and supervising such medical service and treatment, the Church, its clergy, servants, agents and volunteers shall have the discretion to act in the same manner and with the same authority as I could act if present. This authorization is given with the understanding that if a situation arises requiring medical treatment, the Church, its clergy, servants, agents and volunteers will immediately attempt to notify the student's parent/guardian or emergency contact person named below and will continue in its efforts to notify the parent/guardian or emergency contact person until it has succeeded in doing so.

Child's Name:

First Name

Last Name

**Name of father
or mother:**

**Emergency
Contact:**

Name

Home Phone #

Cell Phone #

Does your child have a medical condition such as asthma, or on any medication that will require special attention?

(please explain) _____

Does your child have any food allergies?

(please explain) _____

Parent Signature

Date