



**St. Silouan the Athonite Orthodox Mission**  
**Patriarchate of Constantinople**  
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St. Silouan Youth Pilgrimage at St Mary of Egypt Refuge

Parental Consent and Indemnity Form

Participant's name (please print):

**Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_

**I acknowledge that many of the activities that the above-named child will engage in involve some risk of personal injury which activities may include but are not limited to fire building, outdoor sports, and hiking.** I consent and assume all risks and hazards of, and incidental to, the participation of the above named child in the activities of the *St. Silouan Youth Pilgrimage* and agree to indemnify St. John the Compassionate Mission and its officers, board of governors, servants, and agents nominated or appointed by or on its behalf from and against all loss from any claim hereafter made against it, them, or any of them by or on behalf of the said child, and arising directly or indirectly from such participation. Nor shall they be liable for any personal injury occurring during the transportation of campers and staff to and from camp.

As the parent or guardian of the above named camper, I give permission for photography of the above named child to be used for promotional purposes, unless one of the program directors are notified in writing prior to the camp session.

I have read and understand the terms and conditions of the appropriate behaviour agreement. I understand that this policy is for the safety of my child and other children attending the St. Silouan Youth Pilgrimage. I understand that if the above mentioned camper fails to comply with the terms and conditions of the appropriate behaviour agreement, she/he may be removed from St Silouan Youth Pilgrimage.

**Name of Parent / Guardian** (please print): \_\_\_\_\_

**Signature of Parent / Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Medical Emergency Form (please print)

Camper's Name:	
Address:	
Phone Number:	
Birth date:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Mother's Name: Work Phone: Cell. Phone:	Father's Name: Work Phone: Cell. Phone:
Emergency Contact Person's Name:	
Phone #:	Relationship:
Family Physician:	Phone #:
Dentist/Orthodontist:	Phone #:
Health Card Number:	
<b>Operations or serious injuries (please give dates):</b>	
<b>Chronic or recurring illness or medical condition:</b>	
<b>Dietary Restrictions i.e. vegetarian/vegan:</b>	
<b>Health History (circle all that apply and give approximate dates):</b> Frequent Ear Infections Heart Defect/Disease Convulsions Diabetes Bleeding/Clotting Disorders Hypertension Mononucleosis	
<b>Diseases (circle all that apply and give approximate dates):</b> Chicken Pox Measles German Measles Mumps	
<b>Allergies (circle all that apply):</b> Hay Fever Ivy Poisoning, etc.	

Insect Stings Penicillin Other Drugs Asthma Food (please list): Other (specify):
<b>Special Instructions for staff regarding camper's health care:</b>
<b>Medication times and situations where treatment will be required:</b>
<i>Note: Medication must be over-the-counter or prescribed and supplied in the original packaging with clear labels that identify the camper by name. The packaging must also clearly identify the dosage and administration instructions. Medications should be given to one of the camp supervisors for storage in the first-aid kit. One of the supervisors or staff members will supervise the administration of the medication.</i>

Medical Waiver

I/We the parent(s) or legal guardian(s) hereby authorize representatives of St. Silouan Youth Pilgrimage. To make such arrangements as they consider necessary for the child mentioned below to receive medical, hospital care or first aid, including necessary transportation. This authorization is given in advance of any specific diagnosis, treatment or hospital care required but is given to provide authority and power to render care which is deemed advisable in the best judgment of the physician or camp staff trained in first aid. It is understood that an effort will be made to contact the undersigned prior to rendering treatment, but that treatment will not be withheld if the undersigned cannot be reached.

This health history is correct so far as I know, and the person herein described has permission to engage in all camp activities except as noted.

**Name of Camper** (please print): \_\_\_\_\_

**Signature of Parent / Guardian / Initials:** \_\_\_\_\_

**Date:** \_\_\_\_\_