

Coptic Orthodox Patriarchate
Church of Saint Mina
Hamilton, Ontario - Canada



بَطْرِيَكِيَّةُ الْأَقْباطِ الْأَرْثُوذُكْسِ
كَنِيسَةُ الشَّهِيدِ الْعَظِيمِ مَارْمِينَا
هَامِيلْتُون، أُونْتَارِيو - كَنَدَا

Church Trip Consent Form

Event Name: _____

Event Location: _____

Date (From/To): _____

Name: _____ Grade: _____

Home Address: _____

Home Phone: _____ Date of Birth: _____

Cell Phone: _____ OHIP Number: _____

Parent's/Guardian's Name: _____ Cell Phone: _____

Medical Conditions: _____

Allergies: _____

By signing below, I authorize _____ to participate in the above named event(s) sponsored by Saint Mina's Coptic Orthodox Church and travel in the church bus/van.

In case of an emergency in which I as parent/guardian cannot be reached, I authorize the church representative to seek medical attention for _____ in my absence.

Signature of Parent/Guardian: _____ Date: _____