

PARENTAL CONSENT FORM

In the event that my child becomes ill or sustains an injury during the retreat at Wonderland Camp & Conference Center, Camp Lake, Wisconsin, I, the undersigned parent or guardian, grant the authority to the Priest-Director, or the Administrator, to act on my behalf in obtaining any medical treatment that may be necessary.

In the event of an accident or medical need, I will be responsible for all expenses and will not hold responsible the Serbian Orthodox New Gracanica Midwestern Diocese, Diocesan Department of Religious Education, or any retreat directors, counselors, or administrative staff.

I also accept financial responsibility for any damages by my child during his/her stay at Wonderland Camp & Conference Center.

Signature of Parent or Guardian

Date _____

Please designate the name and phone number of the person who will be picking up your child on Thursday, December 29, 2023:

Name _____

Phone _____