

PARENTAL CONSENT FORM

If 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 Priest-Director or the Administrator the authority to act on my behalf to obtain any medical treatment that may be necessary.

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

I also accept financial responsibility for any damages caused 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 Sunday, December 28, 2025

Name _____

Phone _____