



**ST. MARK PRESBYTERIAN CHURCH  
MEDICAL/PERMISSION FORM**

July, 2011 – September, 2012

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Medication(s) Taken: \_\_\_\_\_

Allergies/Allergic Reactions: \_\_\_\_\_

Other Pertinent Health Information: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Last Dates of Immunizations: Tetanus \_\_\_\_\_ Polio \_\_\_\_\_ Measles \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

I, the undersigned parent or guardian, hereby authorize emergency medical, dental, health or hospital services be rendered to my child upon consent of a St. Mark Presbyterian Church staff member or designated advisor.

The purpose of this authorization is to permit my child to receive emergency medical attention when needed while involved in activities connected with St. Mark Presbyterian Church's Youth Groups when I or my emergency contact are unavailable to give such consent.

This authorization shall be effective from July 1, 2011 – September 30, 2012

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

This form is kept on file for the 2011 - 2012 program season. It is provided for first time participants and for updates to medical or contact information.

