



**Medical/Permission Form**

**June 2018-June 2019**

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

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

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

Email: \_\_\_\_\_

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

Allergies: \_\_\_\_\_

Other Health Concerns: \_\_\_\_\_

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

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

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

Parent/Guardian Name(s): \_\_\_\_\_

Home 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 Church's Youth Group, effective June 01, 2018 – June 01, 2019.

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

**Parental Release and Consent**

We, the undersigned parent(s) of \_\_\_\_\_ hereby authorize our son or daughter to participate in St. Mark Presbyterian Youth Ministry events for the year June 2018-June 2019.

It is understood that the designated advisors will be in attendance and will provide the best reasonable supervision to ensure the health, welfare, and comfort of all in attendance.

**It is understood by signing this consent, I am allowing photos of my student to be taken and posted in social media.**

We (I) hereby release St. Mark Presbyterian Church from any liability for any incident beyond the control of advisors and staff using their due diligence and best judgment.

\_\_\_\_\_  
Parent Signature Date

\_\_\_\_\_  
Parent Signature Date

I am interested in participating by:

Making Meals/ Snacks       Chaperoning/Advising       Driving/Carpooling