



Medical/Permission Form

June 2020-June 2021

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 and Youth Groups, effective June 01, 2020 – June 01, 2021.

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 2020-June 2021.

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