

Medical Information and Parent Consent Form
June 2021 – June 2022



Name _____

Phone _____ Sex _____ Age _____ Grade _____

Home Address _____ City _____ Zip _____

Email _____

Medication(s) Taken _____

Allergies/Allergic Reactions _____

Other Pertinent Health Information _____

Family Physician _____ Phone _____

Medical Insurance Co _____ Policy # _____
(A copy of a current medical insurance card must be submitted with this form.)

Last Dates of Tetanus Immunization _____

Parent/Guardian Names _____

Home Phone _____ Work Phone _____ Cell Phone(s) _____

Emergency Contact _____ Phone _____

Parental Release and Consent

I, the undersigned parent or guardian of _____, 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, effective from June 1, 2021 – June 1, 2022.

I hereby authorize my son or daughter to participate in St. Mark Presbyterian Children/Youth Ministry events for the year June 2021 – June 2022. 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.

____ **I do** ____ **I do not** give my consent to have photos of my child taken for use in print publications, online publications, presentations, website, and social media for St. Mark Presbyterian Church.

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