



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

September, 2009 – September, 2010

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 September 2009 – September, 2010

Parent/Guardian Signature _____ Date _____

This form is kept on file for the 2009 - 2010 program season. It is provided for first time participants and for updates to medical or contact information.

