

SCHOOL/MIDDLE SCHOOL
YOUTH PERMISSION SLIP



DATE: _____

(Please return this form to youth minister once completed)

In the event of a medical emergency, I/we declare that I/we are the child's parent or legal guardian and hereby authorize the St. Mark's Youth Ministry Staff, as agents for me/us, to consent to x-ray exams or other medical, dental or surgical diagnosis and treatment that is advised and supervised by a physician, surgeon or dentist. This authorization extends to any emergency room treatment, and admission and treatment as an inpatient, considered necessary by the attending physician. I understand that, in the event of such an emergency, I will be contacted as soon as possible.

I/we assume all financial responsibility for the medical bills.

I/we understand that St. Mark's United Methodist Church and/or its adult sponsors are not responsible for any injuries or accidents sustained on this trip.

STUDENT INFORMATION:

Child's Name _____ Address _____
City _____ State _____ Zip _____ Phone _____
Date of Birth _____ Male Female
E-mail Address _____ Cell Phone _____

PARENT INFORMATION:

Parent(s) Name _____
Parent's Telephone _____ Cell Phone _____
Alternative Contact _____ Phone _____

MEDICAL INFORMATION:

Family Physician _____ Phone _____
Medical Insurance/Contract # _____
Insurance Phone Number _____
Student Allergies (known drugs, foods, etc...) _____
Current Medical Problems _____
Date/Year Last Tetanus Shot (Tet. Toxoid) or Diphtheria Tetanus (DPT) _____
Student Medication(s) Taken Regularly No Yes— (Detail kind, list of instructions) _____

Will student have medications with him or her? Yes No

MEDICATION MUST BE IN ORIGINAL CONTAINER

I also give permission for my child to receive Tylenol/Advil upon request for minor pain at the discretion of the youth staff. I understand that pictures may be taken of my child while he/she is at the event and may be used for publicity purposes by St. Mark's United Methodist Church.

Signature of parent/legal guardian _____

Date _____