

**St Mark Lutheran Church, Harrisburg, PA**  
**LYF Medical Consent & Treatment of a Minor Form**  
**2023-2024 Parent Permission Form**

This form is to be filled out and signed by a parent or legal guardian for all youth under 18 years of age, when attending a youth or synod-sponsored event. It authorizes their participation and will be used in case of a medical emergency.

As the natural parent/legal guardian of \_\_\_\_\_, I/we  
(name of child or minor)  
authorize \_\_\_Kellen Michalowski/LYF\_\_\_\_\_, to consent to any x-ray,  
(name of advisor)  
examination, anesthetic, medical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of a licensed physician or surgeon, when the need for such treatment is immediate, and when efforts to contact me/us are unsuccessful.

I/we further acknowledge that the aforementioned minor has my permission to participate fully in all events, both on and off church property.

\_\_\_\_\_  
*(Signature of parent/legal guardian)*      *(Date)*

Please list any medical, physical, or emotional limitations that may preclude your child from full participation: \_\_\_\_\_  
\_\_\_\_\_

**Supplementary Information:**

Best phone # to call in case of emergency: ( ) \_\_\_\_\_ Secondary Phone #: ( ) \_\_\_\_\_

Parent/Legal Guardian Address: \_\_\_\_\_

Secondary Emergency Contact & Phone # : \_\_\_\_\_

Child's Age: \_\_ Birth date: \_\_\_\_\_ Grade: \_\_ Gender: \_\_ Pronouns (optional): \_\_\_\_\_

Child's Allergies (if any): \_\_\_\_\_

Medical Allergies (if any): \_\_\_\_\_

Name & Phone # of Child's Physician: \_\_\_\_\_

Specialists Preferred (if any): \_\_\_\_\_

Current Medications (if any): \_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Are You Fully Vaccinated against COVID-19? *(Your answer will not dictate your ability to fully participate in any activities)* YES  NO  PREFER NOT TO ANSWER

**Insurance Information:**

Company: \_\_\_\_\_ Agreement # \_\_\_\_\_

Group # \_\_\_\_\_ Plan code, etc: \_\_\_\_\_

**Additional medical information which may be helpful to attending physician:**  
\_\_\_\_\_  
\_\_\_\_\_

**Do you wish to be contacted for minor illness or injury?    YES    NO**

**I request my child's photo NOT be used in event productions?  (Check here)**