St Mark Lutheran Church, Harrisburg, PA LYF Medical Consent & Treatment of a Minor Form 2025-2026 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
authorizeKellen Michalowski/LYF		
examination, anesthetic, medical diagnosis of rendered to the minor under the general or so of a licensed physician or surgeon, when the and when efforts to contact me/us are unsuccessive.	special supervision and on the eneed for such treatment is im	advice
I/we further acknowledge that the aforement participate fully in all events, both on and of		n to
(Signature	e of parent/legal guardian) (I	Date)
Please list any medical, physical, or emotional limit participation:	itations that may preclude your chil	ld from full
Supplementary Information: Best phone # to call in case of emergency: Parent/Legal Guardian Address: Secondary Emergency Contact & Phone # :		
Child's Age: Birth date: Grade: Ger Child's Allergies (if any): Medical Allergies (if any): Name & Phone # of Child's Physician: Specialists Preferred (if any): Current Medications (if any):	nder: Pronouns (optional):	_
Date of last tetanus shot: Are You Fully Vaccinated against COVID-19? (Yo	PREFER NOT TO ANSWEI	•
Additional medical information which may be h	nelpful to attending physician:	
Do you wish to be contacted for minor illness on I request my child's photo NOT be used in event		
ricquesting cinius photo MO1 be used ill event	i productions: (Check here)	