St Mark Lutheran Church, Harrisburg, PA LYF Medical Consent & Treatment of a Minor Form 2022-2023 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_	
(name of advisor)	, to consent to any x-ray,
examination, anesthetic, medical diagnos	is or treatment, and hospital care, to be
rendered to the minor under the general of	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 un	
Lyva further acknowledge that the aforem	antioned minor has my permission to
I/we further acknowledge that the aforem	• •
participate fully in all events, both on and	i off church property.
(Signat	ture of parent/legal guardian) (Date)
Please list any medical, physical, or emotional participation:	limitations that may preclude your child from full
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:	
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
	VO□ PREFER NOT TO ANSWER □
Insurance Information:	
Company: A	Agreement #
Company: A Froup # Plan code, e	etc:
Additional medical information which may b	e helpful to attending physician:
D	
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? \Box (Check here)