

St. Mark's Lutheran Church: Medical Permission Form

For the year September 1, 2013

to August 31, 2014

Name of Child/Youth (Print): _____

Birth Date : yy/mm/dd _____

Phone numbers: Home: _____

Parent Work #: _____

Cell: _____

Address: _____

Postal Code: _____

Emergency Contact Person if I/we can not be reached:

School Attended/grade:

Name _____ Phone number: _____

Relation to child / youth: _____

Name of Family Doctor: _____

Phone _____

Manitoba Health Insurance Number: _____

Date of last Tetanus shot:

Personal Health Information Number: _____

Additional Health Insurance Coverage: _____

Does your child live with: both parents in the same home? Mother? Father?
 Joint custody

Does your child have any **severe or life-threatening allergies**? (E.g. bee stings, food, penicillin or other drugs, etc.)

Yes No Details: _____

Does your child **use or carry any medications**? (E.g. antibiotic, ventilator, epi-pen, etc.)

Yes No Details: _____

Does your child have any **physical, emotional, cognitive or behavioral concerns or limitations**?

Yes No Details: _____

Does your child have any **medical conditions** of which we should be aware?

Yes No Details: _____

In the event of accident, sickness or other medical emergency, I hereby authorize St. Mark's Lutheran Church to secure such medical treatment as is deemed necessary. It is understood that medical care will be secured promptly and that parents or guardians will be notified at the earliest possible opportunity.

In the event of accident, sickness or other medical emergency, St. Mark's Lutheran Church, its pastor, staff and volunteers are hereby released from any liability.

I am aware that I am providing St. Mark's Lutheran Church with personal information for the sole purpose of ensuring that the guidelines contained in the *St. Mark's Lutheran Church Policy to Protect Children, Youth and Other Vulnerable People* can be met. This information will only be disclosed to the Pastor and Managers and screened volunteers of St. Mark's Lutheran Church *Policy to Protect Children, Youth and Other Vulnerable People* and will not be provided or disclosed to others without my consent.

Parent or Guardian's Name (**Print**): _____

Parent or Guardian's Signature: _____ Date: _____