

**Student Ministry – St. Mark's Church
Medical Release and Permission Form for 2009**

Name _____
Address _____
Date of Birth _____ Home Phone _____
Work Phone (Father) _____ (Mother) _____
Cell (Student) _____ (Father) _____ (Mother) _____
Student's T-shirt Size _____ Email Address _____

- I give permission for the above named child to participate in any sanctioned event or trip for the year 2009. This includes all camps, retreats, events, and small group outings. I hereby release St. Mark's Church, their staff, and sponsors from responsibility and liability for any injury that my child may sustain during these activities or travels.
- I understand that during these trips/events certain substantial risks and dangers may occur, such as accidents or illnesses away from home, forces of nature, accidents from group recreation, and travel by bus, van, or plane. In the event of an emergency, I authorize an adult leader of this activity to act as an agent for me to consent to any X-ray exam; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Parent's Signature _____ Date _____

Medical Information

Allergies _____
Medications being taken _____
Physical limitations or previous injuries _____
Medical Insurance Company _____
Member's Name _____ Policy Number _____
Insurance Company address and phone _____
Student's Height _____ Student's Weight _____

****If any insurance or medical information changes throughout the year you must fill out a new form.***

County of _____ State of _____

I, _____, a Notary Public for said County and State, do hereby certify that _____ personally appeared before me and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this _____ day of _____, 20_____.

Notary Public

(Official Seal)

My Commission Expires: _____, 20__