

**St. John's Youth Group
PERMISSION / MEDICAL FORM**

My child _____ has my permission to participate in St. John's Youth Group activities during the 2009-2010 academic year.

Person to contact in an emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

HOSPITALIZATION INSURANCE CO. _____

POLICY # _____

PLEASE ATTACH A COPY OF YOUR MEDICAL INSURANCE CARD (FRONT AND BACK SIDES)

List any allergies, medical conditions, or prescription medications we should be aware of:

List any over-the-counter medications that your child cannot have:

I give permission for my son or daughter to receive emergency room treatment in the case of illness or injury. When possible, parents will be consulted prior to any medical treatment more serious than first aid.

PARENT OR GUARDIAN(S) SIGNATURE _____

DATE _____