

*Participant Medical Form
St. Paul Lutheran Church
503 S. State St.
Caro, MI 48723
(989) 673-4214*

Name _____ SS# _____

Street Address _____

City _____ Zip _____

Name of Doctor _____

Street Address _____

City _____ Zip _____

Phone _____

List any allergies to medication _____

Are you taking any medication regularly? _____ Name of Medication _____

Date of last tetanus immunization _____

Do you wear contact lenses? _____

I hereby give my permission for the above minor to be given any necessary X-ray, examination, anesthetic, medical, or surgical treatment under the supervision of any physician or surgeon licensed under the Medical Practice Act. This authorization is given pursuant to the provisions of Section 2 of Act 116 of Public Acts 1973 (MCL) and after a reasonable attempt has been made to contact parents or guardians,

Signature of parent or guardian _____

Home phone _____ Work phone _____

I give _____ permission to attend outings and trips with St. Paul Lutheran Church.

I also give permission for the above-named minor to travel to and from activities by way of any transportation provided for those activities.

I further agree to release St. Paul Lutheran Church, its officers, pastor, Minister of Family Life, youth counselors, or any other adults of responsibility in connection with this request.

Signature of parent or guardian _____

Date _____

Insurance Company _____

Policy Number _____