

Medical Treatment Authorization

Effective from September 1, 2016 through August 31, 2017



I hereby give my permission for my children:

to attend St Mark's events or trips with adult staff members or designated volunteer adult leaders. I authorize an adult, in whose care the minor(s) have been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, or hospital care, to be rendered to the minor(s) under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above named children/ youth pursuant to this authorization. This permission will remain in effect until August 31, 2017, unless it is terminated by me in writing.

Signature/name of Parent/Guardian

Date

Telephone No. at home: _____ Alternative No.: _____

Emergency Contact: (Name and Number): _____

Health Insurance Co. & Phone No.: _____

Name of policy subscriber: _____

Relationship to child: _____

Allergies: _____

Medications taken: _____