St Peter Lutheran Church, Mechanicsburg, PA SPYG Medical Consent & Treatment of a Minor Form 2025-2026 Parent Permission Form

This form is to be filled out and signed by a parent or legal guardian for all youth under 18 years of age, when attending a youth or synod-sponsored event. It authorizes their participation and will be used in case of a medical emergency.

As the natural parent/legal guardian of	, I/we
authorizeKellen Michalowski/SPYG, to consent to a	
examination, anesthetic, medical diagnosis or treatment, and hospital car rendered to the minor under the general or special supervision and on the of a licensed physician or surgeon, when the need for such treatment is and when efforts to contact me/us are unsuccessful.	e advice
I/we further acknowledge that the aforementioned minor has my permiss participate fully in all events, both on and off church property.	ion to
(Signature of parent/legal guardian)	(Date)
Please list any medical, physical, or emotional limitations that may preclude your c participation:	hild from full
Supplementary Information: Best phone # to call in case of emergency: Secondary Phone #: Parent/Legal Guardian Address:	
Secondary Emergency Contact & Phone #: Child's Age: Birth date: Grade: Gender: Pronouns (optional): Child's Allergies (if any): Medical Allergies (if any): Name & Phone # of Child's Physician: Specialists Preferred (if any): Current Medications (if any):	
Date of last tetanus shot: Are You Fully Vaccinated against COVID-19? (Your answer will not dictate your a fully participate in any activities) YES \(\text{NO} \) NO\(\text{PREFER NOT TO ANSW} \) Insurance Information: Company: ID # Group # Plan code, etc: Additional medical information which may be helpful to attending physician:	ER □
Do you wish to be contacted for minor illness or injury? YES NO	

I request my child's photo NOT be used in event productions? \Box (Check here)