

Parental Permission and Medical Form (for campers & counselors)
St. Stephen's Church

_____ has my permission to attend activities with leaders from
(name of young person)

St. Stephen's Church.

I understand the activities will be under the supervision of one or more adult leaders approved by the church. I waive any claim against the church, and its approved leaders.

In case of medical emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give permission to the physician selected by the adult leader to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child named above.

Please list the following, if applicable:

(1) Medical Insurance carrier: _____
(Company Name)

(Policy Number)

(2) Family doctor or clinic: _____

(3) Food drug or allergies: _____

| | | |
|------|---------------------------|-------|
| Date | Parent/Guardian Signature | Phone |
|------|---------------------------|-------|

In case the above cannot be reached, please call:

| | |
|------|-------|
| Name | Phone |
|------|-------|

| | |
|------|-------|
| Name | Phone |
|------|-------|

