

ST. MARK'S MEDICAL TREATMENT FORM

St. Mark's Lutheran Church
720 S. Rogers Rd. Suite C200
PO Box 2105
Olathe, KS 66051-2105
913/764-4496

worshipping at: Meadow Lane Elementary
21880 College Blvd.
Olathe, KS 66061

I give my son/daughter, _____ my permission to ride the church bus or church provided vehicles for youth related activities; and release St. Mark's Lutheran Church from any damages which may result due to accident or injury.

I, the undersigned, hereby authorize a representative of St. Mark's Lutheran Church to consent to and authorize emergency medical treatment, surgery or dental care to be given to my son/daughter, _____ as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

Parent or guardian

Signature _____	Family insurance company _____
Date _____	_____
Address _____	Policy number _____
City/State/ Zip _____	Allergies _____
Home phone _____	_____
Cell phone _____	Physical limitations _____
Work phone _____	Preexisting conditions (physical, emotional, etc) _____
Name and phone number of another person to contact in emergency: _____	_____
Name _____	Medications currently using _____
Relationship _____	_____
Phone numbers _____	Other comments or information related to health _____
_____	_____
Family doctor _____	_____
Doctor's phone _____	_____