

Medical & Permission Form

Pearl City St. John's Lutheran Church

Box 234 229 S. First St.

Pearl City, IL 61062

815/443-2215

Event/Activity _____

I give my permission for my child to participate in _____

_____ on _____.

Please return this permission form to _____

by _____.

I give my permission for my child to receive medical treatment for my

child _____

(Child's Name)

My child's physician's name & location:

Physician's phone number:

Telephone number I can be reached on _____

Signature of a parent/guardian

Date

A medical release form and copy of my child's insurance card is on file.

Yes ___ No ___

If no, please complete a medical form & attach a copy of your child's insurance card and bring to the church office.