

Participant Medical Form
St. Martin Lutheran Church
10995 Canada Rd.
Birch Run, MI 48415
(989) 624-9204

Participant's Name: _____ SS#(opt.): _____ Birthdate: _____

Street Address: _____

City: _____ Zip: _____

Contact Name(s)/Phone(s): _____

Name of Doctor: _____

Street Address: _____

City: _____ Zip: _____

Phone: _____

List any allergies to medication(s): _____

Are you taking any medication regularly? _____ Name of Medication(s): _____

Date of last tetanus immunization: _____ Do you wear contact lenses? _____

Medical Disorders or Special Medical Instructions: _____

I hereby give my permission for the above minor to be given any necessary X-ray, examination, anesthetic, medical, or surgical treatment under the supervision of any physician or surgeon licensed under the Medical Practice Act. This authorization is given pursuant of Section 2 of Act 116 of Public Acts 1973 (MCL) and after a reasonable attempt has been made to contact parents or guardians.

Signature(s) of parent or guardian: _____

Home phone: _____ Work phone: _____

I give _____ permission to attend outings and trips with St. Martin Lutheran.
I also give permission for the above named minor to travel to and from activities by way of any transportation provided for those activities.
I further agree to release St. Martin Lutheran Church, its officers, pastor, Director of Family Life & Youth Ministries, youth counselors, or any other adults of responsibility in connection with this request.

Signature(s) of parent or guardian: _____

Date: _____ Witness: _____

Insurance Company: _____

Policy Number: _____