

**Medical Permission Form
(Document H)**

For Ministries with Children, Youth and Other Vulnerable People

For the year September 1, _____.

Name of Child/Youth _____

Birthdate _____

Address _____

Phone _____ cell #: _____

Name of Family Doctor _____

Provincial Health Insurance Number _____

Does your child/youth have any severe or life-threatening allergies? (eg. bee stings, food, penicillin or other drugs, etc.)

Yes _____ No _____ Detail _____

Does your child/youth use or carry any medications? (eg. antibiotic, ventilator, epi-pen, etc.)

Yes _____ No _____ Detail _____

Does your child/youth have any physical, emotional, cognitive or behavioral concerns or limitations?

Yes _____ No _____ Detail _____

Does your child/youth have any medical conditions of which we should be aware?

Yes _____ No _____ Detail _____

In the event of accident, sickness or other medical emergency, I hereby authorize Ascension Lutheran Church to secure such medical treatment as is deemed necessary. It is understood that medical care will be secured promptly and that parents or guardians will be notified at the earliest possible opportunity.

In the event of accident, sickness or other medical emergency, Ascension Lutheran Church, its pastor, staff and volunteers are hereby released from any liability.

Parent or Guardian's Signature _____

Today's date _____