



ST. PHILIP'S LUTHERAN CHURCH

EVANGELICAL LUTHERAN CHURCH IN CANADA
61 West Deane Park Drive, Etobicoke, Ontario M9B 2S1

Protection of Children, Youth and Other Vulnerable People

Medical Permission Form

For the period September 1, 20__ to August 31, 20__

Name of Child _____ Birth Date _____

Address _____

Phone _____ Cell Phone _____

Name of Family Doctor _____ Provincial Health Number _____

1. Does your child have any severe or life-threatening allergies? (e.g. bee stings, food, penicillin, or other drugs, etc.)

Yes ___ No ___ Detail: _____

2. Does your child use or carry any medications? (eg. Antibiotic, ventilator, epi-pen, etc.)

Yes ___ No ___ Detail: _____

3. Does your child have any physical, emotional, cognitive or behavioural concerns or limitations?

Yes ___ No ___ Detail: _____

4. Does your child 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 St. Philip's 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, St. Philip's Lutheran Church, its pastor, staff and volunteers are hereby released from any liability.

Parent or Guardian's

Signature: _____

Date: _____