Participant Medical Form St. Paul Lutheran Church 503 S. State St. Caro, MI 48723 (989) 673-4214

Name	SS#
Street Address	
City	Zip
Name of Doctor	
Street Address	
City	Zip
Phone	
List any allergies to medication	
,	Name of Medication
Date of last tetanus immunization	
Do you wear contact lenses?	·
surgical treatment under the supervision of any phy authorization is given pursuant to the provisions of reasonable attempt has been made to contact parents	
Signature of parent or guardian	
Home phone	Work phone
I give	permission to attend outings and trips with St. Paul
Lutheran Church.	
I also give permission for the above-named minor to for those activities.	travel to and from activities by way of any transportation provided
I further agree to release St. Paul Lutheran Church, i other adults of responsibility in connection with this r	ts officers, pastor, Minister of Family Life, youth counselors, or any equest.
Signature of parent or guardian	
Date	