

St. John Mennonite Church Medical Release Form

Name of Youth: _____

Allergies or special needs: _____

Phone number where parent or guardian can be reached: _____

I hereby authorize the staff or responsible volunteers of St. John Mennonite Church to seek medical attention for my child should an emergency arise, provided that I will be contacted as soon as possible. Failure to reach me shall not prevent an application of immediate, necessary medical treatment not excluding injection, anesthesia, or surgery. I further agree that St. John Mennonite Church disclaims any and all liability in the unlikely event of injuries sustained in connection with the special events of the church year. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participation in activities sponsored by St. John Mennonite Church.

(Signature of Parent or Guardian)