

**St. Mark's Lutheran Church by the Narrows
Permission Slip**

Event _____ Date _____

In the event that I am not readily available, I consent to all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a physician for

_____,

when such treatment is deemed immediately necessary or advisable by a physician to safeguard my child's health. I waive my right to informed consent for treatment.

Signature of parent/guardian _____

Phone _____

Important medical information: (allergies, etc.)

Physician's Name _____

Phone _____