

Permission for Medical Treatment
PLEASE RETURN SIGNED

If medical attention is required while my child is attending Christian Education Classes at St. Mark the Evangelist, and I or my alternate contact cannot be reached, I hereby give my permission for my son/daughter to be treated. In the event of an emergency, the attendee will be brought to Hackettstown Community Hospital. All expenses incurred will be the responsibility of the parent/guardian.

Parent
Signature_____

Address_____

Phone # (Home and Cell)_____

Medical Insurance:_____Policy #_____

Alternate contact in the event that I cannot be reached:

Name_____Phone#_____

Relationship to child_____