

St. John's Episcopal Church  
6715 Georgetown Pike  
McLean, Virginia 22101  
(703) 356-4902

**MEDICAL TREATMENT AUTHORIZATION:**

I hereby give my permission for my child \_\_\_\_\_

To attend St. John's Youth Ministries events with Lisa E. Navarra or another designated adult leader; and in the event of an accident or illness, to receive emergency medical treatment as deemed necessary by a licensed physician. This permission shall remain in effect until August 31, 2010, unless it is terminated by me in writing.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Co. and Policy No. \_\_\_\_\_

**Copy (Front and Back of Card)**

**Attached** \_\_\_\_\_

Emergency contact if other than above: \_\_\_\_\_

Phone: \_\_\_\_\_