St. Mark's Lutheran Church, 5800 Backlick Rd. Springfield, VA 22150 703-451-4331 www.stmarks-elca.org

Youth Ministry Contact and Emergency Care Form

| Name | Birthda | у | Grade |
|---|--|---------------------------|-----------------------|
| Phone (Home) | Youth I | E-mail | |
| | | | |
| Address | | | |
| Address (Line 2) | | | |
| City | | | |
| State | ZIP Code | | |
| | | | |
| Mother/Father's Name(s) | | | |
| Phone #1 | | Phone #2 | |
| E-mail #1 | | E-mail #2 | |
| Special Needs/Allergies | | | |
| Parent Consent | | | |
| staff and adult leaders to have i | authorization in person, I herby giv medical, surgical and/or dental care valid for the period of September 20 | e administered to my chil | |
| I also grant the church unrestrevents, in any medium (still and | ricted rights to use, alter, and reproducted video) without compensation | duce any images from yo | outh ministry related |
| Agreement | Yes | | |
| | no | | |
| | | | |
| Medical Insurance Carrier | | Policy Number | |
| Name of Subscriber | | Group Number | |