



St. John's Lutheran Evangelical Church & School  
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Website: [www.school.stjohnslutheransi.org](http://www.school.stjohnslutheransi.org)

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## MEDICAL AGREEMENT with St. John's Lutheran School

Effective Date: September 1<sup>st</sup>, 2023 – Expires June 30<sup>th</sup>, 2024

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Guardian's Emergency Contact #: \_\_\_\_\_

In the unusual event of an emergency at school, I hereby agree to have St. John's Lutheran School act as an agent for me if immediate action needs to be taken on my child's behalf. It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent as indicated below will be respected as far as possible.

I understand that I will be contacted immediately and all precautions will be taken to protect my child.

Information to Physician about child that may help in treatment: \_\_\_\_\_

Allergies or Medical Conditions: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Permission for Extra –Curricular Sports

I, guardian of \_\_\_\_\_, in grade \_\_\_\_\_ do certify that he/she has permission to participate in extracurricular athletic programs at St. John's Lutheran School and is healthy and fit to safely participate in all sports as certified by my child's physician. The physician's signature is good for one year from the date that is written below.

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_