

GRACE LUTHERAN CHURCH  
6000 BROADWAY  
RICHMOND, IL 60071  
(815) 678-3082

SUNDAY SCHOOL – 2018-2019

Children 4 Years Old through 5<sup>th</sup> Grade

CHILD'S NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ GRADE IN FALL OF 2018 \_\_\_\_\_

KNOWN ALLERGIES, MEDICAL CONCERNS, OR LEARNING  
DISABILITIES \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_ POLICY/GROUP# \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

HOME TELEPHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

PHONE # YOU CAN BE REACHED AT DURING CLASS \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

THOSE PEOPLE AUTHORIZED TO PICK UP CHILDREN: \_\_\_\_\_

\_\_\_\_\_

I give my consent for my child to take walking trips in the neighborhood. I understand such trips will be under the supervision of adults, and that precautions will be taken to protect the health and safety of my child.

In the event of an emergency where medical treatment is necessary, I give my permission to the church sponsors to seek appropriate medical treatment after every reasonable effort has been made to contact the person identified above.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_