

# Sunday School

## Saint Andrew Presbyterian Church/2009-2010

Child's name

Child's birthdate

Street Address

City

ZIP Code

Home phone

Cell phone

Family e-mail

School

Grade

Has this child been baptized?

yes

no

Adult(s) child lives with:

Name

Work phone

Name

Work phone

Other children who live in the home:

Child's name	Age	Grade in School

I, the parent or guardian of \_\_\_\_\_,  
give my permission to the leaders of Saint Andrew Presbyterian Church to  
secure emergency medical treatment for my child from a licensed physician  
and/or hospital. I understand that every effort will be made to contact me  
(or those whom I designate as emergency contacts) in an emergency in order  
that they or I may make decisions regarding the nature and place of  
emergency treatment.

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Doctor's phone

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

Hospital preference: \_\_\_\_\_

Name of someone OTHER THAN PARENTS we can contact in an emergency  
(if parents can't be reached)

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) (Work) (Cell)

\_\_\_\_\_  
Relationship to child

Is your child epileptic? NO YES

Is your child diabetic? NO YES

Is your child allergic to medications? NO YES (please list)

Does your child have other known allergies? NO YES (please list)

Is your child currently taking medications? NO YES (please list)

I hereby release Saint Andrew Presbyterian Church and authorized leaders from  
liability for any injury my child sustains.

Media Release: Throughout the year, Saint Andrew events may be publicized on  
TV, radio, newspaper, web sites or in other forms. I give permission for my child to  
be photographed, interviewed and/or quoted, and/or to appear on TV, radio, in  
print or on a web site. Yes No, please exclude my child

Parent/guardian signature \_\_\_\_\_

Today's date: \_\_\_\_\_