

# Grace Lutheran Church Sunday School Registration Form

**Child's Name:** \_\_\_\_\_

Allergies or special instructions:

Date of Birth: \_\_\_\_\_

\_\_\_\_\_

2011/2012 Grade in school: \_\_\_\_\_

\_\_\_\_\_

**Name of Parent(s) (or Legal Guardian):** \_\_\_\_\_

**Address:** \_\_\_\_\_

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

**Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contacts:**

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

**Relationship:** \_\_\_\_\_

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

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

**Relationship:** \_\_\_\_\_

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

## **PARENT CONSENT TO TREAT A MINOR FORM**

*(This form should be completed annually and a copy should be taken on each trip.)*

Being the parent or legal guardian of \_\_\_\_\_, (minor's name printed), I \_\_\_\_\_ (parent/guardian's name printed) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child.

Minor's date of birth: \_\_\_\_\_

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

Parent/Guardian

Signature: \_\_\_\_\_

**Continued on back of form...**

**For child(ren) six years and younger:**

**I give my consent for my child,**

\_\_\_\_\_ **(child's name),**

**to be released from the classroom to the following person(s):** \_\_\_\_\_

\_\_\_\_\_

**Signed:** \_\_\_\_\_