

ST. PAUL'S LUTHERAN CHURCH  
SUNDAY SCHOOL/CONFIRMATION

CONSENT/MEDICAL RELEASE FORM  
Parents: Please Fill In, Date, Sign & Return

My child \_\_\_\_\_ has my consent to take part in the outdoor activities, including nature walks, playground activities, and games under the proper supervision of the Christian Education staff.

I also give my consent, in case of accident or injury, for emergency medical care by the staff. In the event I can not be reached immediately, my child may be taken to Charlotte Hungerford Hospital Emergency Room. My child's physician is \_\_\_\_\_ and can be reached at the following phone #: \_\_\_\_\_.

My child has the following allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If I cannot be reached immediately, the following relative or other person may be contacted in my place in case of an emergency:

\_\_\_\_\_ (relationship to child) can be reached at the following

Phone # \_\_\_\_\_ or # \_\_\_\_\_.

I agree that St. Paul's Evangelical Lutheran Church will not be held responsible for any sickness or injury to my child while attending a Christian Education Program at or sponsored by the church.

Parent's Signature: \_\_\_\_\_

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

Parent's Name (Printed): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Please inform us of anything else we may need to know about your child:

\_\_\_\_\_  
\_\_\_\_\_

NOTE: Please complete one form for each child. Thank You.

PLEASE NOTE REGISTRATION FORM CONSISTS OF 3 PAGES