

Abiding Presence Lutheran Church

Health & Authorization Form Fall 2025

*(Please complete one form for **EACH CHILD**)*

Name of Child_____

Birth Date_____

Address_____

School Grade_____

(Fall 2025)

Parents' Names _____

Best Contact Name/ Number_____

Best Contact Name/ Email_____

PERSON to contact in the event of an emergency:

Name_____

Phone Numbers_____

Does your child have any allergies, including those related to insect bites? Yes____ No____

If yes, please explain:
