

**Abiding Presence Lutheran Church**  
**Sunday School Health & Authorization Form Fall 2020**

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

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ School Grade \_\_\_\_\_

\_\_\_\_\_ (Fall 2020)

Mom's Telephone Numbers: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Dad's Telephone Numbers: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Mom's Email \_\_\_\_\_ Dad's Email \_\_\_\_\_

**PERSON to contact in the event of an emergency:**

Name \_\_\_\_\_ Relation \_\_\_\_\_

Telephone Numbers(H) \_\_\_\_\_ (C) \_\_\_\_\_

Does your child have any allergies, including those related to insect bites? Yes \_\_\_ No \_\_\_

If Yes, please explain:

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The following persons (adults or older siblings) are authorized to pick up my child from his/her Sunday School class (Person authorized to pick up a sibling must be 10 years old or older):

1. Name \_\_\_\_\_ Relation \_\_\_\_\_

2. Name \_\_\_\_\_ Relation \_\_\_\_\_

3. Name \_\_\_\_\_ Relation \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please Print Name** \_\_\_\_\_

**My child needs offering envelopes.**

**No, my child has env. # \_\_\_\_\_**

**FOR OFFICE USE ONLY**

**S.S. Director** \_\_\_\_\_

**Assigned to S.S. Grade** \_\_\_\_\_

Env. # assigned \_\_\_\_\_

LCCS \_\_\_\_\_