

CHAOS Spring 2018 K - 6th

_____	_____	_____	
Child's Name	Grade	Birthdate	
_____	_____		
Address	Email Address		
_____	_____		
Parent's/Guardian's Name	Emergency Contact Name		
() _____	() _____	() _____	
Cell Phone	Work Phone	Cell Phone	Work Phone

Classes Attending

- My child will be attending every week
or
My child will be attending the following Wednesdays
- March 7 March 14 March 21
 April 4 April 11 April 18 April 25 May 2
- My child will meet the walking bus in the Annex Gym (Fairmont Elementary students grade K-2)

Conditions, Concerns & Authorizations

Please share medical conditions including allergies, vision/hearing concerns, physical limitations, learning disabilities, etc.

This medical treatment release form pertains to all events by Grace Lutheran children, youth, family and education programs. By signing, you will be agreeing to the conditions listed.

My child has permission to take part in all congregational activities, including off-site activities. In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, this document gives permission to Grace Lutheran Church, its staff, chaperones and supervisory personnel to act on my behalf in seeking emergency treatment for my child. I give permission to those administering emergency treatment to do so using measures deemed necessary, and I agree that the congregation, its staff, chaperones and off-site personnel will not be held responsible for accidents or liabilities which may occur.

I give my permission to use pictures and the name of my child in publications from Grace Lutheran Church, which may include: bulletin boards, Ways of Grace, Grace Website, etc.

- Yes No

_____	_____
Parent/Guardian Signature	Date