

Good Shepherd Lutheran Church
Student Enrollment Information

Child's Name: _____ Birth Date: _____ Male/Female

Child's Address: _____ City: _____ Zip: _____

School: _____ Grade: _____

Allergies: _____

Symptoms of Allergic Reaction: _____

Current Medications: _____

Other Medical Information: _____

Physician's Name & Phone Number: _____

Preferred Hospital: _____

Parent/Guardian Information:

Parent(s)/Step-Parent who child lives with: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail: _____

Other Parent/Step-Parent: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ E-Mail: _____

Who brings child to Sunday School? _____

Relationship to child: _____

Where they can be reached during Sunday School: _____

Other adults to whom child may be released: _____

Emergency Contact (other than parent):

Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Emergency Medical Authorization:

I authorize emergency medical treatment to be given to my child, should such treatment be needed before I can be contacted.

Signature of Parent or Guardian _____ Date _____