



Children's Programs 2016-2017 Authorization/Release Form

Parent/Guardian Information:

Parents' or Guardian Name(s) and Addresses: _____

Telephone Numbers: (home) _____

(Cell #1) _____ (Cell #2) _____

Email(s): _____ and _____

Are you a Saint Luke's member? ____ Yes ____ No

Please complete the back of this form with your child(ren)'s information.

Emergency Contact Information:

Should my child become ill or injured during Saint Luke's Presbyterian Church's children's programs and the Saint Luke's representative is unable to contact me, I hereby give Saint Luke's Presbyterian Church permission to contact one or more of the following persons to pick up my child during my absence.

Emergency Contact #1 - Name (other than parents): _____

Phone: _____ Cell: _____

Emergency Contact #2 - Name (other than parents): _____

Phone: _____ Cell: _____

Who may pick up your child(ren)?

Is there anyone who should **NOT** be allowed to pick up your child? _____ Is so, please list name here:

In case of an accident or serious illness during Saint Luke's Presbyterian Church's children programs, I request that Saint Luke's Presbyterian Church contact me. In case of an emergency, I hereby give Saint Luke's Presbyterian Church permission to dial 911 and, if necessary, for my child(ren) to be transported by Emergency Medical Services to the closest hospital and given the necessary treatment. I understand that I will be responsible for any and all related charges. PLEASE NOTE: No personally identifiable information about your child will be disclosed to any other person and/or organization, except those noted above.

Parent or Guardian Signature: _____ **Date:** _____

Publicity: I understand that as a participant my child(ren) may be photographed or videotaped during normal events, camps, or mission activities and these photos/videos may be used in promotional materials. I give my permission for my child(ren)'s likeness to be used in such materials.

Parent or Guardian Signature: _____ **Date:** _____

Child Information: Complete for each child, birth-5th grade, and sign at the bottom of the page.

Medical Information: If an inhaler, EpiPen or Benadryl/antihistamine is required while at Saint Luke's - the parent is responsible for supplying the medication with a note from the child's physician in regard to usage/dose and any other pertinent information .

	#1	#2	#3	#4
Child's Name				
Date of Birth				
Grade				
Allergies (yes/no)				
List Drug Allergies				
List Environment Allergies				
List Food Allergies				
List Insect Allergies				
Reactions				
Medication(s) Taken				
Any other restrictions? (i.e. food/activity)				
Anything about this child the caregivers should know?				

Has your child been diagnosed with any of these conditions and/or a chronic disease? (Please place child's number from above next to the condition/disease.)

Anemia _____ Hypoglycemia _____ Nosebleeds _____
 Vision _____ Skin Condition _____ Hearing/Speech Impairment _____
 Epilepsy and/or Seizure Disorder _____ Other: _____
 Diabetes _____ / Pump _____ / Pen _____
 Asthma _____ /Requires Inhaler (see above) _____

Parent or Guardian Signature: _____ Date: _____

Care Guide for Children PreK and Younger

	#1	#2	#3	#4
Child's Name				
Goes By				
Date of Birth				
Age				
Special Needs/ Considerations				
Anything you can tell us which will help us get to know your child better				
Is your child potty- training now?				
If your child is crying inconsolably for over 20 minutes would you like us to come get you?				
Is there something that is of particular comfort to your child? Things he/ she really does NOT like?				

Parent or Guardian Signature: _____ Date: _____



SAINT LUKE'S

PRESBYTERIAN CHURCH

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