

Trinity Lutheran Church

446 S. Gay St Auburn, Al 36830 334-887-3901

CONTACT & PERMISSION FORM

Child's Name _____

Child's Date of Birth: _____ Last Grade Completed _____ Gender _____

Parent(s) Name _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Work Place and Phone: _____

Parent Email: _____

My child, _____ has my permission to participate in activities sponsored by Trinity Lutheran Church. I authorize the Director and/or adult leaders to act on my behalf in the event of a medical emergency if I cannot be contacted. In the event of an emergency, and a parent cannot be contacted, we should call:

1. Name: _____ Relationship: _____

Contact Number(s): _____

2. Name: _____ Relationship: _____

Contact Number(s): _____

Insurance Information *(please attach a copy of your insurance card if possible)*

Company: _____

Identification Number: _____

Phone Number: _____

Please list all allergies or other medical concerns:

Occasionally, we will highlight a children's event in our newsletter, on the church website, or our Facebook page. We do not include names in any of these publications. May we include your child's photograph in conjunction with these activities? Yes No (Please circle one)

Parent Signature: _____ Date: _____