



PLEASE PRINT

Grace Lutheran School

School Records Information Card

Please, immediately contact the school office with any changes.

Date completed: _____ Modifications: _____

Child's full name _____ D.O.B. _____ Grade _____

Address _____
Street address *City, State* *Code*

Health information:

Doctor _____
Health insurance _____
Medications _____

Dentist _____
Allergies _____

Mother's name _____
Home _____
Work _____
Cell _____
E-mail _____
Address _____

Father's name _____
Home _____
Work _____
Cell _____
E-mail _____
Address _____

Emergency contacts:

Phone number:

In the event of an emergency whereby I cannot be reached, I grant Grace Lutheran Church and School permission to obtain the necessary treatment.
Parent/Guardian signature _____

PLEASE SEE OTHER SIDE



Grace Lutheran School

Authorization to Release Card

Please, immediately contact the school office with any changes.

The following person(s) have permission to pick-up _____
from Grace Lutheran School. *(Child's name)*

Name:

Relationship to child:

Father's/guardian's signature

Date

Mother's/guardian's signature

Date