

UUSLO Kids

Visiting Children

Today's Date ___/___/___

Child's Name	Nick Name?	Age	Grade	Birthdate

Parent/Guardian Name(s) _____

Cell#: (____) _____ (____) _____

Best contact number(s) for when you are at church.

Parent Email Address: _____

St. Address _____ City _____ State _____ Zip _____

Allergies (Food, Bees, Epipen?) _____
(Continue on back if needed)

Emergency Contact Person (other than parent/guardian):

Name _____ Cell#: _____

Relationship to child _____ My child(ren) can go to Meadow Park with supervision: **Yes / No**

Medical Release: I authorize the RE supervisor to take responsibility to secure first aid or medical treatment as needed: **Parent/Guardian Initial** _____