

Sunday School Medical Information 2011-2012

Child's Name: _____

Describe any health concerns that our teaching team members should be aware of:

List any allergies the team members need to be aware of:

In the event of an allergic reaction, describe how the teachers and assistants should proceed:

Can your child have snack or will you provide one? _____

On Sunday mornings, I will:

- Leave my cell phone on in case of an emergency

Please list numbers to call:

Mom's cell phone _____ Dad's cell phone _____

- Write on a white board in my child's class which Sunday School class I will be attending

Date _____

Signature of parent/guardian