

COMPLETE FOR ALL AGES

Cedar Lane Unitarian Universalist Church

Religious Education Department

SESSION _____ **GRADE** _____

**Health and Safety Information
for Children and Youth, 2008-2009**

Our goal is to provide the very best possible Sunday morning experience for your child. Please help us by providing the information requested below. Please copy and use a separate form for each child.

Name of Child/Youth _____

Parents/Guardians _____

Telephone (home, work, cell) _____

Insurance Provider and Policy Number _____

1. Does your child have any allergies? To what? What kind of reaction? Foods to be avoided?

2. Does your child have any special needs or conditions that we should know about: What? May we communicate those to her/his teachers?

3. What else would you like us to know about the needs of your child?

4. Would you like to speak to the Minister of Religious Education about any of the above questions? Where may she call you?

5. I/We _____, parents or guardians of _____, hereby give permission for my/our child to receive emergency medical treatment should I/we not be available to give such authorization.

Parent or Guardian _____ Date _____

Parent or Guardian _____ Date _____