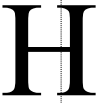


**COMPLETE FOR ALL AGES**



Cedar Lane Unitarian Universalist Church

Religious Education Department

SESSION \_\_\_\_\_ GRADE \_\_\_\_\_

**Health and Safety Information  
for Children and Youth, 2011-2012**

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 use a separate form for each child.**

This form is reviewed by the Minister of Religious Education.

May this form be shared with your child's teacher(s)? \_\_\_\_\_ Y \_\_\_\_\_ N

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?
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 \_\_\_\_\_