

Sex \_\_\_\_\_ DOB \_\_\_\_\_

Grade \_\_\_\_\_

## **2022/23 - Information & Release Form** Please complete ONE form per child. There are two sides to this form.

Student Information	Emergency Contacts
Home address:	List name, address and phone/cell #'s of three (3) persons that TLS can contact in case of emergency IF parents are not available, in order of priority:
zip: Home phone:	<b>1.</b> Name:
nome phone.	
Siblings at TLS:	
	<b>2.</b> Name:
Is your child Baptized?	
If so, where and date:	<b>3.</b> Name:
Student's home church:	
	Medical Information
Parent/Guardian Information	Medical Dr. Name:
Father's Name - notify 1 <sup>st</sup> or 2 <sup>nd</sup> (circle 1)	
	Phone:
Address (if not the same as student's):	Dentist's Name:
Work phone:	Phone:
Cell Phone:	
Email:	List ALL unusual conditions, allergies,
Mother's Name - notify 1 <sup>st</sup> or 2 <sup>nd</sup> (circle 1)	illnesses & any medications used and those to be kept at TLS for administration:
Address (if not the same as student's):	
Work phone:	
Cell Phone:	
Email:	* COMPLETE OTHER SIDE * → →

Trinity Lutheran Church and School—1111 E. 22nd Street, Cheyenne, WY 82001 — 307.635.2802

## Student Name: \_

**Authorized PICKUP:** List name, relationship, address, and phone/cell #'s for ALL people authorized to pick up your child from TLS. Your child will not be released to anyone not listed unless you call or send a note to your child's teacher. We will ask for identification.

	relationship	address		abana/call#
Name	relationship			phone/cell#
Name	relationship	address		phone/cell#
Name	relationship	address		phone/cell#
Name	relationship	address		phone/cell#
Authorization for EMERGE	NCY MEDICA	L CARE: If sudden	illness or serious medic	al emergency sho
occur and I (parent/guardian) can not be or take my child to the nearest emergency	reached, I hereby a			• •
PRINTED Parent/Guardian name	5	ignature		Date
Authorization for LEAVING	SCHOOL P		authorize Trinity Luther	an School authoriz
ersonnel to take my child from the schoo				
		g around the school blo	ck, 2.) Walking	ı to Holliday Parl
PRINTED Parent/Guardian name	s	ignature		Date
		-		
		•	•	dress.
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