



# In God's House, *Everyone* Belongs

## **CHILD CARE SIGN UP 2022-2023**

*Note:*

- 1. Offered for infants up to 4 years old.*
- 2. Closes by 11:15am on Sundays.*

1. Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

2. Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

3. Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

4. Child \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

**Name of Parent(s)** \_\_\_\_\_

Cell phone we can use during CHILD CARE /worship time: \_\_\_\_\_

### **Emergency Contact Person**

(Just for a Sunday morning emergency if we can't reach you)

Name \_\_\_\_\_ phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

*Optional:*

Mailing Address \_\_\_\_\_

Preferred E-mail: \_\_\_\_\_



# St. PAUL'S Episcopal Church

2022-23 Medical Release Form

## Medical Authorization

I/we the parents or legal guardian of \_\_\_\_\_,  
a minor(s), hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical  
diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under  
the general or special supervision of any licensed medical personnel on staff of any licensed  
hospital. This Authorization is given in advance of any specific diagnosis, treatment, or hospital  
care required, but is given to provide authority and power to render care, which is deemed advisable  
in the best judgment of the physician.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Relationship \_\_\_\_\_

Birth date of Minor(s): \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co: \_\_\_\_\_

Policy number: \_\_\_\_\_

Health Alerts/Allergies & other information which would be helpful to our staff and volunteers.  
Use the back of this form if necessary.