

*St. Mark's Lutheran Church
Sunday School Registration
2010-2011*

We offer Sunday School classes for everyone from pre-kindergarten through adult education classes!

Please register each child for the grade they are currently attending in the school district. For High School, please note the grade they are in and the school they attend.

Adults need not register, but please join us for class! ☺

Name Grade School Birth Date

*Please return this form to the church office.

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ST. MARK'S MEDICAL TREATMENT FORM

St. Mark's Lutheran Church
720 S. Rogers Rd. Suite C200
PO Box 2105
Olathe, KS 66051-2105
913/764-4496

worshipping at: 515 S. Ridgeview Rd.
Olathe, KS 66061

I give my son/daughter, _____ my permission to ride the church bus or church provided vehicles for youth related activities; and release St. Mark's Lutheran Church from any damages which may result due to accident or injury.

I, the undersigned, hereby authorize a representative of St. Mark's Lutheran Church to consent to and authorize emergency medical treatment, surgery or dental care to be given to my son/daughter, _____ as considered advisable or necessary in the judgment of an emergency medical professional or attending physician.

Parent or guardian

Signature _____	Family insurance company _____
Date _____	_____
Address _____	Policy number _____
City/State/ Zip _____	Allergies _____
Home phone _____	_____
Cell phone _____	Physical limitations _____
Work phone _____	_____
Name and phone number of another person to contact in emergency:	Preexisting conditions (physical, emotional, etc)
_____	_____
_____	_____
Name _____	Medications currently using _____
Relationship _____	_____
Phone numbers _____	_____
_____	Other comments or information related to health
_____	_____
Family doctor _____	_____
Doctor's phone _____	_____