

Living Hope Nursery and Sunday School Student Record

Student/Child Name: _____

Birthday: _____

Allergies: _____

EpiPen Yes_____ No_____

Medical Conditions:
and explanation _____

Behavioral Issues:
and explanation _____

Parents/ Guardians: _____

Addresses: _____

Phones: home _____ cell _____ work _____

Phones: home _____ cell _____ work _____

Family Doctor: _____

Phone: _____

Parent/Guardian Signatures: _____

Date: _____