

**TRINITY LUTHERAN CHURCH**  
**CHILDREN'S MINISTRIES GUEST PASS**  
For Friends of Trinity Lutheran Church Children  
2009-20010

PLEASE PRINT

Name of Child:	Date:
Address:	City & Zip:
Grade:	Birth Date:
Phone Number:	
Parents/Guardians:	
Emergency Name & Phone Number:	
<b>Medical Release:</b>  <small>I (WE) UNDERSTAND THAT, IN THE EVENT MEDICAL TREATMENT AND/OR TRANSPORTATION IS REQUIRED, EVERY EFFORT WILL BE MADE TO CONTACT ME. HOWEVER IF, I/WE CANNOT BE REACHED, I/WE GIVE PERMISSION TO THE STAFF OR SPONSOR AT TRINITY TO SECURE SERVICES OF A LICENSED PHYSICIAN AND/OR LICENSED PARAMEDICS TO PROVIDE NECESSARY CARE FOR MY CHILD/CHILDREN'S WELL BEING.</small>	
PARENT SIGNATURE:	DATE:
Guest of:	
Pick up Procedure:	