

Dear Parents/Guardians:

To complete your child's registration, please provide the following health information, sign the permission and return to Synod of Lakes and Prairies, 2115 Cliff Drive, Eagan, MN 55122.

**HEALTH INFORMATION**

Name \_\_\_\_\_

Grade Entering \_\_\_\_\_ Birthday \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Guarantor \_\_\_\_\_

**Medical History**

Chronic Illnesses:

Food/Other Allergies:

Medications:

If your child has been to Synod School before, what changes should teachers be aware of?

What special needs should teachers be aware of?

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**PERMISSION**

I give my permission for my child to participate in field trips away from the campus.

I give my permission for my child to have emergency medical treatment.

\_\_\_\_\_  
*Signature of Parent/Guardian*

Date \_\_\_\_\_