

Allergy and Release Form

Student Name: _____

Grade: _____

Allergies: _____ None

The following person may pick up my child from St. Olaf's Catholic Church's school of religious education.

1. _____ Relationship: _____

2. _____ Relationship: _____

3. _____ Relationship: _____

Parent/Guardian signature: _____

Printed name: _____

Date: _____