

# First Lutheran Church Education & Youth Ministry Registration and Health Form

September 2023 – August 2024

Sunday School (3 years-grade 5) \* Confirmation (grades 2-9) \* Soul Squad (grades 6-12)

## Parent/Guardian Information

Parent/Guardian #1: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City and Zip Code: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Stepparent: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City and Zip Code: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Stepparent: \_\_\_\_\_

My/Our child lives with (*circle one*)      Mother      Father      Both      Guardian

	Child's Name	Date of Birth	Baptismal Date	Grade in School
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

6<sup>th</sup>-12<sup>th</sup> Grader's Email: \_\_\_\_\_

- I, the undersigned, hereby authorize First Lutheran Church (Pastors, Chaperones, etc.) to consent to and authorize the administration and performance of all treatments that may be considered advisable or necessary in the judgment of attending Physicians, in the event My Child should be admitted to any hospital, or need any medical treatment, during a church-sponsored event. I understand that every possible attempt to secure my personal permission at the time of an emergency shall of course first be attempted. I also authorize First Lutheran (Pastor, Chaperones, etc.) to transport my child for field trips, classroom excursions, and other youth events. I will not hold First Lutheran (Pastors, Chaperones, etc.) liable for accidents that may occur. This authorization shall be in effect from September 1, 2022, — August 31, 2023.
- I give permission for my child(ren) to be featured in the following possible public relations activities during the 2022-23 school year: Morrison Country Record; First Lutheran Church: Newsletter, Website, Bulletin Boards, FLC FB Page, and other social media.

Name of Personal Physician and Phone Number: \_\_\_\_\_  
 Emergency contact – Name and Phone Number: \_\_\_\_\_

List any known allergies, medical conditions, medications, dietary needs, plans or any other information that First Lutheran Church and Chaperones should be aware of (Can use the back of registration if need be): \_\_\_\_\_

Does your child(ren) have an I.E.P. or 504 plan?      Yes/ No \_\_\_\_\_  
 If yes, can church staff have a copy of said plan to help better serve your child(ren)? (Attach a copy to this form)

**THANK YOU** for entrusting your child into the care of First Lutheran Church. We will make every possible effort to assure safe and faith-nurturing experiences for your child. Participants are reminded that appropriate behavior is expected and assumed at all First Lutheran Church events and activities.

Parent/Guardian Signature: \_\_\_\_\_ (Relationship) \_\_\_\_\_ (Date)