

First Lutheran Church
Education & Youth Ministry Registration and Health Form

September 2018 – August 2019

*Sunday School (3 years-grade 12) * Confirmation (grades 2-9) * Youth Groups (grades 3-12)*

Parent/Guardian Information

Mother's Name: _____

Father's Name: _____

Address: _____

Address: _____

City and Zip Code: _____

City and Zip Code: _____

Home Phone Number: _____

Home Phone Number: _____

Work Phone Number: _____

Work Phone Number: _____

Cell Number: _____

Cell Number: _____

Email: _____

Email: _____

Stepfather: _____

Stepmother: _____

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.	_____	_____	_____	_____

- 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 be in need of 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, 2018 — August 31, 2019.
- I give permission for my child(ren) to be featured in the following *possible* public relations activities during the 2018-19 school year: Morrison Country Record; First Lutheran Church: Newsletter, Website, Bulletin Boards, other media.

Family Insurance Company and Policy Number:

Name of Personal Physician and Phone Number:

Emergency contact – Name and Phone Number:

List any known allergies, medical conditions, medications, dietary needs, or any other information that First Lutheran Church and Chaperones should be aware of:

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)