

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

*September 2017 – August 2018*

*Sunday School (3 years-grade 12) \* Confirmation (grades 2-11) \* 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

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

- 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, 2017 — August 31, 2018.
- I give permission for my child(ren) to be featured in the following *possible* public relations activities during the 2017-18 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)