

G.A. CONFIRMATION REGISTRATION (2009-2010)

CONFIRMATION STUDENT NAME _____ GRADE _____

PARENT/GUARDIAN NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____

E-MAIL ADDRESS: _____

SCHOOL _____ BIRTH DATE ____ / ____ / ____

MY CHILD _____ HAS _____ HAS NOT _____ BEEN BAPTIZED
MY CHILD _____ HAS _____ HAS NOT _____ RECEIVED FIRST COMMUNION

ALLERGIES, PHYSICAL LIMITATIONS, PRE-EXISTING CONDITIONS, MEDICATIONS
CURRENTLY USED, COMMENTS:

CONFIRMATION CONSENT FORM

I give my son/daughter _____ my permission to ride the church van or other arranged vehicles for Confirmation related activities; and release G.A. Lutheran Church from any damages which may result due to accident or injury.

I, the undersigned, hereby authorize a representative of G.A. Lutheran Church to consent to and authorize emergency medical treatment, surgery or dental care to be given to my son/daughter as considered advisable or necessary in the judgement of an emergency medical professional or attending physician.

Parent or guardian signature _____

Name and phone number of another person to contact in case of an emergency:

Name _____ Phone # _____

Family Physician _____ Physician Phone # _____

Family Insurance Company _____ Policy # _____