

G.A. CONFIRMATION REGISTRATION (2006-2007)

CONFIRMATION STUDENT NAME _____ GRADE _____

PARENT(S) NAME _____

ADDRESS _____

CITY _____ ZIP CODE _____

HOME PHONE _____ WORK PHONE _____

E-MAIL ADDRESS, IF ANY:
(PARENTS) _____ (STUDENTS) _____

SCHOOL _____ BIRTH DATE _____

MY SON/DAUGHTER	_____ HAS	_____ HAS NOT	BEEN BAPTIZED
MY SON/DAUGHTER	_____ HAS	_____ HAS NOT	RECEIVED HIS/HER FIRST COMMUNION

SCHOOL / COMMUNITY ACTIVITIES INVOLVED IN DURING THE YEAR:

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 # _____

Allergies, physical limitations, pre-existing conditions, medications currently used, comments:
