

2006-07 Faith Inkubators Confirmation Registration

Youth's Name _____ Birthday _____
Grade _____ Baptism yes no date _____
School _____ First Communion yes no date _____

Parent/Guardian name _____ Parent/Guardian name _____
Address _____ Address (if different) _____
Telephone _____ Telephone _____
Parent email _____ Parent email _____

Youth (Confirmation student please fill in)

List three interests or hobbies.

What is one question you have about your faith?

What do you think Confirmation is?

Parents

Why is it important for you to have your child participate in Confirmation?

In what ways can you help the Confirmation ministry?

- Help with Confirmation social events
- Help with Confirmation service events
- Help coordinate a social or service event
- Drive for events or special activities
- Help with meals for lessons
- Other _____

What would you like the Confirmation ministry to know about your child?

We ask that each family provide \$35 per child to compensate for the cost of food, supplies & curriculum throughout the year. This amount does not include social activities, retreats or other events. *Please pay by September 10th, 2006.*

Money attached with registration: Yes No if yes: check cash

I release Zion Lutheran Church, its employees, individually and as employees, and all volunteer staff from liability for injury to person or damage of property that may occur as a result of my child's participation in any of the various activities at Zion Lutheran Church. I give my son/daughter permission to travel with Zion Lutheran Church under the supervision and direction of the Zion Lutheran Church Staff and other designated leaders.

Signature of Parent/ Guardian: _____ Date: _____

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Health Information Form

1. List all allergies and any special precautions and treatments indicated for these allergies (e.g. foods, medications, or environmental allergies):

2. List Medications, food supplements, or modified diets currently being administered to your child:

3. Describe any other medical or non-medical concerns we should know (vegetarian diet, diabetes, physical, learning, behavioral, etc.):

Emergency Medical Authorization

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under Zion's Faith Inkubators Confirmation Ministry's care when parents or guardians cannot be reached.

Emergency contact Information

Primary Contact's Name: _____

Relationship to Youth: _____

Daytime Phone Number(s): _____

Evening Phone Number(s): _____

Secondary Contact's Name: _____

Relationship to Youth: _____

Daytime Phone Number(s): _____

Evening Phone Number(s): _____

Zion Pictures

We would like to post some wonderful pictures of Confirmation students on Zion's publications and web page (no names on the web). Please check the applicable box(es) and provide your signature. No box checked will be taken as a no.

Yes, I give permission for my child's picture to appear on Zion publications (bulletins, Tower newsletter, etc.).

Yes, I give permission for my child's picture to appear on Zion's web page.

No, I do not want my child's picture to appear on publications and on the Zion's web page.

Signature of Parent/ Guardian: _____ Date: _____

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PART I OR II MUST BE COMPLETED

Part I-To Grant Consent

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor's Name: _____ Phone Number _____

Doctor's Address: _____

Dentist's Name: _____ Phone Number _____

Dentist's Address: _____

Medical Specialist: _____ Phone Number _____

Local Hospital: _____

Health Insurance Coverage

Insurance Company: _____ Policy or Group Number: _____

Address of Insurance Company _____

Name of Person Insured: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by forenamed doctor or dentist, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to another hospital reasonably assessable. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. I understand that any expenses incurred in necessary emergency (or other) treatment will be covered by the student's medical coverage or family and not by Zion Lutheran Church.

Name of Parent/ Guardian: _____

Signature of Parent/ Guardian: _____ Date: _____

Address: _____

Telephone Number: _____

DO NOT COMPLETE PART II IF YOU COMPLETED PART I

Part II-Refusal to Consent

I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Zion Faith Inkubators Confirmation Ministry to take the following action:

Name of Parent/ Guardian: _____

Signature of Parent/ Guardian: _____ Date: _____

Address: _____

Telephone Number: _____