

Confirmation Registration

Student's Full Name: _____

Birth date: _____ School & Grade: _____

Student Cell Phone *(if none leave blank)*: _____

Is it okay to contact this student by text message? ☐ Yes ☐ No

Student's email: _____

Parent/Guardian Name(s): 1. _____ 2. _____

Parent/Guardian Email(s): 1. _____ 2. _____

Parent/Guardian Cell Phone(s): 1. _____ 2. _____

Do you want to receive information by text message? ☐ Yes ☐ No

Address: _____

Home Phone (If applicable): _____

Permissions:

Photographs: *Please check one:* I do _____ I do not _____ give permission to St. Andrew Lutheran Church to use images of my child's in photographs, slides, video or other media and publications related to the ministry of St. Andrew Lutheran Church, including the church website.

Class Roster: *Please check one:* I do _____ I do not _____ give permission to St. Andrew to publish our contact information in a roster given to other students in the Confirmation program.

Social Networking: *Please check one:* I do _____ I do not _____ give permission to representatives of St. Andrew to interact with my child via Facebook, Twitter or other online websites that they are already engaged in.

Is there anything you would like us to know?

Parent/Guardian Signature: _____ **Date:** _____



12405 SW Butner Rd Beaverton, OR 97005
503-646-0629 www.standrewlutheran.com

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→

Youth Medical Release Form

Student's Full Name: _____

Date of last tetanus immunization: _____

Chronic illness: _____

Current/frequent prescriptions: _____

Drug allergies: _____

Food allergies: _____

Doctor: _____ Phone Number: _____

Preferred hospital: _____

(We will transport to the nearest hospital to our activity. No guarantee of a specific hospital can be made)

Health Insurance Company: _____

Group #: _____ ID/Policy #: _____

Emergency Contacts (in order of preference):

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

3. Name: _____ Phone: _____

In the event of an emergency, or if medical or surgical care becomes necessary for my child this form signifies my consent as parent or legal guardian to the authorized representatives of St. Andrew Lutheran Church (including paid and volunteer adults including the Children and Youth Ministry Coordinator, Pastors, and any adult volunteer over the age of 18 years) to grant permission and authorize medical attention as recommended by a licensed physician. I understand that every effort will be made to contact me during such time when consent is being given.

I agree to take responsibility for all medical costs involved in such treatment. I release and hold St. Andrew Lutheran Church and its representatives innocent of any liability in exercising this consent. I realize that St. Andrew Lutheran Church will take all precautions for safety. Any changes in the following information must be reported to St. Andrew Lutheran Church each program year (September 1 – August 31).

Parent/Guardian Signature: _____ **Date:** _____



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