



2018-19 Confirmation Program

Lutheran Church of the Resurrection

Student's Name: _____ Age _____ Grade _____

Birth date: _____ Male ___ Female ___ Has your child been baptized? Yes ___ No ___
Month Date Year

Has your child received First Communion instruction? Yes ___ No ___

Home Address: _____
Street City Zip

School: _____

Home Phone # _____ Student Cell # _____ Text? Yes ___ or No ___

Student Email: _____

Best time to reach Me (the student) at home? _____

Parent/Guardian Name _____ Email _____

Phone: _____ Cell Phone _____

Best time to reach Me (parent) at home/cell/ or work? _____

- I am interested in serving as a Small Group Guide—Please contact me with more information

Parent/Guardian Name _____ Email _____

Phone: _____ Cell Phone _____

Best time to reach Me (parent) at home/cell/or work? _____

- I am interested in serving as a Small Group Guide—Please contact me with more information

Address (if different than above) _____

Please list anything you feel the Confirmation Team should be aware of (physical, emotional, or spiritual issues, family history, school & learning conditions) that would be a benefit to us as we relate to your child. Are there accommodations that would be helpful for your child? If so, please explain. *Resurrection's Associate Pastor and your student's Confirmation Small Group Guide(s) will receive a copy of this registration and release form. This information will be shared with other Resurrection Staff on a need to know basis only.*

2018-19 Youth Medical Release and Consent Form

Lutheran Church of the Resurrection, Marion, Iowa

Youth Name: _____ Date of Birth: _____

Home Address: _____

Parent/Guardian (1) Name: _____

Parent/Guardian (2) Name: _____

Parent (1) Phone: (day) _____ (cell) _____ (evening) _____

Parent (2) Phone: (day) _____ (cell) _____ (evening) _____

Medical Insurance Carrier: _____ Policy Number: _____

Person with Primary Coverage: _____ Hospital Preference: _____

Family Physician: _____ Physician's Phone: _____

Emergency Contact Name: _____

(Individual needs to be someone other than the child's parents/guardians who can be contacted if the parents/guardians cannot be reached in the event of an emergency.)

Emergency Contact's Phone: (day) _____ (cell) _____ (evening) _____

Emergency Contact's Relationship to the child: _____

Authorization to Consent to Medical Treatment

I, We, the parents or legal guardians of _____, a minor, hereby authorize Lutheran Church of the Resurrection personnel to seek medical attention that may be necessary in emergency situations should they be unable to contact parents/guardians. I, We, hereby, consent to any medical treatment or care deemed necessary by medical personnel or hospital staff. The expense of such treatment is agreed to be the sole obligation of the undersigned, and Lutheran Church of the Resurrection is hereby released from responsibility to pay for such services rendered. We further agree that the Church, Church Council, Church staff and Church volunteers are relieved of all liability in the event of accident or injury.

List any allergies: (food, medications, latex, insect stings, etc.) _____

Is your child currently taking any medication? _____ if yes, please list: _____

Please list any medical conditions or concerns that would affect treatment for your child: _____

Are there any known conditions that would prevent your child from participating or engaging in any activities or events? _____

Participation and Image Consent

I/We give my consent for _____ to attend and participate in the customary youth activities at Lutheran Church of the Resurrection, 3500 29th Ave, Marion, IA and off property activities sponsored by the Church. I understand that there will be adult supervision at each event. I further understand that certain Middle School Youth and Confirmation activities (such as the Mentor Program) may present times when a lone adult is present with a minor. I give my consent for my name, phone number, and email address to be shared with other confirmation families for the purposes of communications for Confirmation.

I/We do _____ do not _____ give my consent for photographs and video images of my child to be used on the LCR website, LCR Facebook page, classroom videos/posters, church services and/or church publications.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____