

# St. John's Affirmation of Baptism Ministry Registration/Participation, Transportation & Medical Release Form

All class sessions and activities related to the 2018/2019 affirmation of baptism ministry of  
St. John's Evangelical Lutheran, Shakopee, MN.  
Confirmation Yearly Fee - \$45 (scholarships are available upon request)  
For more information, please contact: Pastor Jerod at pastorjerod@stjohns-shakopee.com

## **General Information:**

Name of Participant: \_\_\_\_\_ Preferred name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Date of First Communion: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell phone: \_\_\_\_\_

Student may receive text messages and/or social networking connection from Pastor Jerod? \_\_\_ Yes \_\_\_ No

Email Address of Student: \_\_\_\_\_

Parent or Legal Guardian's Name(s): \_\_\_\_\_

Parent/Guardian Work Phone: \_\_\_\_\_ Parent/Guardian Cell Phone: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

## **Medical Information**

I. Current health condition including chronic conditions as follows:

Health Conditions (check)

\_\_\_ Asthma

\_\_\_ diabetes Type A or B

\_\_\_ Epilepsy

\_\_\_ Hypertension

\_\_\_ Other Conditions

Allergies (check and state specifics)

\_\_\_ Insect stings \_\_\_\_\_

\_\_\_ Foods \_\_\_\_\_

\_\_\_ Food Intolerance \_\_\_\_\_

\_\_\_ Medications \_\_\_\_\_

\_\_\_ Other Allergies \_\_\_\_\_

Comments on conditions above:

\_\_\_\_\_

2. Prescribed medications: \_\_\_\_\_

3. Over-the-counter medications: \_\_\_\_\_

\_\_\_\_\_

4. Date of last Tetanus shot: \_\_\_\_\_

5. Additional Information needed for anyone who may need to provide medical treatment: \_\_\_\_\_

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**Personal Physician Information**

Name(s) of primary care physician/clinic: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

**Emergency Contact(s)**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Insurance Information:**

Health Insurance Provider: \_\_\_\_\_

Insurance ID# \_\_\_\_\_ Group # \_\_\_\_\_

Policy holder's name: \_\_\_\_\_

**Please attach a copy of your insurance card to this form.**

**Authorization for Medical Treatment and Use of Form:**

Should illness or an accident require emergency medical treatment for \_\_\_\_\_  
\_\_\_\_\_ [student participant's name (please print full name)] during any class session or activity  
related to the 2018-19 Affirmation of Baptism ministry , and I am unable to personally authorize treatment, I  
hereby authorize \_\_\_\_\_ [adult leader(s)  
responsible] to share information as deemed appropriate, and to seek transport and medical treatment by a  
physician, surgeon, or other health care personnel in the state or country in which \_\_\_\_\_  
\_\_\_\_\_ [student participant's name] is located. I assume responsibility for updating this  
information as needed. I have provided this information voluntarily. I have also given this form to my emergency  
contact person(s) listed above.

Signature of Parent or Legal Guardian: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_

**PERMISSION TO PARTICIPATE AND RELEASE FORM**

**STUDENT PLEDGE**

As a child of God, I promise to demonstrate concern for the personal safety of others. I promise to use my voice, words, body language, and actions in ways that are appropriate and respectful to others and me. As a student participating in a St. John's Lutheran Church event, I will be on time and will come fully prepared to participate in all activities. I understand that the designated leaders of Youth Ministry will not tolerate negative or disruptive behavior, a warning will be provided, and if continued disruptive behavior happens, parent/guardians will be contacted and if necessary arrangements will be made for your early return home, at your parents/guardians expense and effort.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT(S)/GUARDIAN CONSENT**

I/We specifically consent to \_\_\_\_\_ (student's name) attending and participating in activities sponsored by St. John's Lutheran Church – Shakopee, MN. I agree to allow photos and videos of my child to be taken while at any event, and waive any and all claims against the church. I/We authorize an adult, in whose care the minor has been entrusted, to consent to any medical, dental, and/or hospital care to be rendered to the above mentioned minor for treatment in the event of an injury or medical emergency occurring while attending a St. John's Lutheran Church sponsored activity. Having confidence that the Youth Ministry staff and adult/parent volunteers, in whose care the minor has been entrusted, I hereby give permission for my/our child to ride in any vehicle operated by such adult. I hereby release St. John's Lutheran Church, the Youth Ministry, and its adult/parent volunteers from any and all liability. I understand that my/our child must adhere to all YM rules and may be sent home at parent's expense or suspended from future activities as a result of misbehavior, violation of Youth Member Pledge, violation of Youth Ministry and church policies.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_