

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

All class sessions and activities related to the 2017/2018 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 Gary at pastorgary@stjohns-shakopee.com

General Information:

Name of Participant: _____ Nickname: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Sex: _____ Male _____ Female _____ Grade

Date of Baptism: _____ Date of First Holy Communion: _____

Home Phone: _____ Student/Youth Cell phone: _____

Student may receive text messages and/or social networking connection from Pastor Linda? ___ Yes ___ No

Email Address of Student/Youth: _____

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: _____

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 2017-18 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

YOUTH 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 youth 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.

Youth Signature _____ Date _____

PARENT(S)/GUARDIAN CONSENT

I/We specifically consent to _____ (youth'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 _____