



Registration Form: 2018

God's Good Creation

Student Name _____ Age _____ Grade Entering _____

Address _____ City _____ Zip _____

Birth date _____

Parent/Guardian Name _____ St. Barnabas Member Y N

Home/Cell # _____ Work # _____ Best time to reach you _____

E-mail _____

Specific information that would assist us in working with your child:

Siblings – Name and (age): _____

Does St. Barnabas Lutheran Church have permission for your child's name and/or photograph to appear in church written, video, and online publicity? YES NO (circle one)

Names and numbers of people who have your permission to pick student up from Church activities.

1. _____

Does the participant have any health conditions (i.e., allergies, chronic conditions, food allergies, etc.) that we should be aware of prior to medical treatment or offering snacks? NO YES

If yes please explain, include any medications: _____

Emergency Contact #1 _____ Phone _____

Name of Physician _____ Phone _____

Since the law requires that parental permission be obtained for most medical procedures on minors, I wish to give permission for medical staff to perform such diagnostic, therapeutic, and surgical procedures as they deem necessary for the above minor. I understand that my consent will allow procedures to be promptly carried out so that no unnecessary delays will occur with treatment. No surgical procedures will be performed, except in extreme circumstances, without parents or guardians being contacted and fully informed and their verbal consent obtained.

Signature of Parent/Guardian _____ Date _____