

2018-2019 Confirmation Registration & Emergency Release Form

Name: _____

Print Last,

First

Student Name: _____ Home ph: _____

Address: _____

City _____ Zip Code _____

Grade: _____ School: _____

Mother's Name: _____ Phone: _____

Mother's e-mail address: _____

Mother's work phone: _____

Father's name: _____ Phone: _____

Father's e-mail address: _____

Father's Work phone: _____

Permission to post pictures of youth on website, in the newsletter or newspaper.

Medical Insurance Company: _____

Insurance Phone: _____

Any concerns you wish to share: _____

2018-2019 Emergency Authorization

I, _____, am the parent or legal guardian of (child's name) _____ . In the event of illness or accident, if I cannot be reached, I authorize the church or its agents, to consent to any diagnosis, exam, treatment, hospitalization or transportation deemed advisable for my child by and rendered under the supervision of a physician. I release the church and its agents from responsibility in case of accident or illness in connection with any church sponsored activity.

Signature of Parent/Guardian

Date

Emergency Contact other than parent: _____

Address: _____

Phone Number: _____