

Registration/Permission form for Confirmation Students

Name of Student _____

Address _____

Phone _____ Age _____

Grade _____ School Attending _____

Allergies/Medical Condition _____

Medications _____

Insurance Company _____

ID # _____ Group # _____

Expiration Date _____

Parent/Guardian _____

Address (if different from above) _____

Phone (if different from above) _____

Work # _____ and/or CELL # _____

Emergency Contact Person _____ Phone _____

Areas I will be able to help with for Confirmation:

Parent Volunteer _____

Confirmation Guide _____

Permission Slip

I give my Permission for my child, _____, to participate in fellowship and servant events. I understand all of the events may not be on the church property. I will be notified of the event and the location prior to the event. I authorize, in case of an emergency and I am unable to be reached, permission for a representative of St. Matthew Lutheran Church to seek the closest emergency treatment facility if my child, _____, is in need of care.

Signature _____

Date _____