

# Registration/Permission form for Confirmation Students

Name of Student \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Age \_\_\_\_\_

Grade \_\_\_\_\_ School Attending \_\_\_\_\_

Allergies/Medical Condition \_\_\_\_\_

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 \_\_\_\_\_