

CONFIRMATION

6th-8th graders | Fall 2019



Student Information

Complete a new form for each confirmand.

Name (First and Last)

Nickname

Gender

Male Female

Birthdate

Grade

6th Grade 7th Grade 8th Grade

School

Allergies?

No Yes- Please list: _____

Medical Conditions _____

Emergency Contacts

Please provide the names and phone numbers of those who should be contacted in case of emergency during confirmation. A parent or guardian should be listed as emergency contact #1 in most cases.

Emergency Contact #1 Name / Phone

Emergency Contact #2 Name / Phone

Permissions

I agree that my child, listed above, may be photographed or videoed for publicity purposes during Church School or family and/or youth activities and may be posted on the Gloria Dei website and/or Facebook page.

Yes No

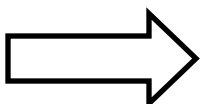
I give permission for my child to attend and participate in the above event sponsored by Gloria Dei Lutheran Church. I authorize an adult, in whose care my child has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to my child under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to my child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, I shall assume all transportation costs. I give permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while attending and participating in the above event.

Yes No

I consent to receive communications (which may include a phone, mail, email) from Gloria Dei. I understand I may proactively manage my preferences or opt-out of communications with Gloria Dei at any time by contacting the Church Office.

I agree

Parent signature _____ Date _____



Remember to complete a Household Registration Form for each household your child is a part of.
Registration is not complete until BOTH forms have been submitted.