

Bethlehem Lutheran Church
Youth Ministry Programs
(Ages 3 years – 12th Grade)

Child's Full Name _____

Age _____

Father's Name _____ Mother's Name _____

Child's Address _____

Home Phone _____

Cell Phone _____

Date of Birth _____ Date of Baptism _____

School Attending or Day Care _____

Grade _____ Year of Graduation _____

Child's Siblings & Their Ages _____

Will child's mother or father regularly be attending the adult education class?
Yes No

Will child's mother or father be willing to help out in his/her Sunday School class?
Yes No

Anything the child's Sunday School teacher should know?

Consent Forms

For the entire year of September 2007-September 2008

(Please Print)

MEDICAL

Child's Name _____ Sex _____ Date of Birth _____

Address _____
(City) (Zip)

Parent or Guardian _____

Daytime Phone _____ Evening Phone _____ Cell _____

Insurance Carrier _____ Policy # _____

Current Medications (including dosage) _____

Allergies (including bee stings, drug reactions, food, etc.) _____

Date of last tetanus shot _____

Physician Name _____ Physician Phone _____

Illnesses or other information we should be aware of _____

Does your child know how to swim? _____ Any restrictions? _____

Emergency contact (other than parent or guardian) _____

Daytime Phone _____ Evening Phone _____

Relationship to child _____

I, _____ parent/legal guardian of _____ understand that in the event of an emergency, or if any medical, surgical, hospital care, treatment and procedures become necessary for my child, every attempt will be made to contact me. If I am unavailable, I grant those in charge of the event my permission to authorize medical attention as recommended by a licensed physician. I waive my right of informed consent to such treatment. We agree to pay all medical costs involved in any such emergency treatment. We release and discharge the Evangelical Lutheran Church in America and/or its representatives involved in this event from any liability whatsoever in exercising this permission. This authorization is for ALL church activities for the year September 1, 2007 through September 1, 2008.

Parent/Guardian Signature _____ **Date** _____

Travel Authorization

In the event of a field trip or youth event, I give my permission for my child to ride in the car of a responsible driver chosen by the staff members. My child will ride with a seat belt.

Parent/Guardian Signature _____ **Date** _____

Media Consent

I consent to the use of any photograph or videotape of my child taken during the year for use in future publications at Bethlehem Lutheran Church. The child's name will never be used with the picture.

Parent/Guardian Signature _____ **Date** _____