

Children's Ministry Registration 2015-16

Please enter one child per form.

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Birthdate: _____ Gender: _____ Grade: _____

Father's (Guardian) Name: _____

Email: _____ Phone: _____

Mother's (Guardian) Name: _____

Email: _____ Phone: _____

Photo Release

I authorize Redeemer Lutheran Church to copyright, use, publish in print or electronically any photographs or videos for the purpose of publicity, illustration, advertising, and web content.

Yes No

Health/Medical Information

Does child/youth have any of the following conditions?

- Heart Condition
- Seizures
- Fainting
- Sleep Walking
- Upset Stomach
- Diabetes
- Serious Illness or Injury in the last 10 years
- Sight or Hearing Impairment
- Wear Contact Lenses
- Other

If you checked any of the above conditions, please explain.

Does child/youth have allergic reaction to the following?

- Bee Sting
- Penicillin
- Other Drugs
- Poison Ivy, Oak, Sumac
- Nuts
- Food
- Other

If you checked any of the above conditions, please explain.

Authorization to Consent to Medical and Dental Care

I/We the undersigned parent(s) and/or legal guardians a child/youth (age 18 or under), do hereby authorize the Redeemer Youth Representative to:

1. consent to medical, surgical and dental care for such child/youth,
2. consent to any diagnostic tests, medical, surgical or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel providing care for such child/youth and
3. on (my) (our) behalf to employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such child/youth, and/or admit such child/youth to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery, or care and sign all necessary consents and authorizations. It is understood that this authorization is given in advance of the occurrence of any condition or situation that would necessitate any such medical, surgical, or dental care being required, but is given to provide authority to obtain such care if it should be required.

I hereby expressly release Redeemer Lutheran Church and its faculty, staff, and volunteer assistants from any and all liability (except as may result directly from their gross negligence) for any injury or accident that may occur on a Redeemer Lutheran Church child/youth activity and hereby agree to indemnify Redeemer Lutheran Church and its faculty, staff, and volunteer assistants from any claims arising out of any such injury or accident.

I have read and understand the guidelines in Redeemer's Child/Youth Safe Church Policy.

Parent/Legal Guardian Signature: _____ Date: _____