

2017-18 Sunday Faith Formation/VBS/RelatedActivities High School Registration Form

Student _____ Date of Birth _____ Sex _____ Grade _____

Address _____

zip _____ Telephone _____ Mobile _____ EMail _____

Emergency contact _____ Telephone _____ / _____

Health History for Child (give approximate dates)

ear infections _____ Heart defect/disease _____ seizures _____ diabetes _____

bleeding/clotting _____ other _____

Food Allergies (circle all that apply) dairy grains seafood peanuts/other nuts meat eggs
other _____

Medical Allergies (circle all that apply)

hay fever insect stings penicillin/other drugs _____ other _____

Chronic or recurring illness or medical condition (if applicable) _____

Learning or behavioral concerns _____

Other suggestions or information that may help make your child's Faith Formation classes more comfortable and enjoyable: Use the back of this form if necessary _____

Permission to Provide Necessary Treatment or Emergency Care: I hereby give my permission to the church staff to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give my permission to the physician selected by the church staff to secure and administer treatment including hospitalization, for the person named above.

**Parent/Guardian Signature _____ Date _____

Permission to Participate in the Program: I give permission for my child to attend and participate in Faith Formation Classes and its related activities. Photographs that include my child may be used in promotional materials (including, but not limited to: web pages, local newspapers and Facebook pages) for the church.

**Parent/Guardian Signature _____ Date _____

I reserve the right to not disclose the requested information and I understand that St. Timothy Lutheran Church and its agents will not be held liable.

** Parent/Guardian Signature _____ Date _____

I give permission for the adult teachers/leaders/advisors to text my child. YES NO

Please list any other directives pertaining to your high school child.

Optional:

Name on health insurance policy _____ Insurance Company _____

Policy # _____ Doctor _____ Phone _____