



Holy Trinity Confirmation Registration _____

Student's Name _____

Age _____ Birthday _____ Attending Grade in School _____

Known Allergies or other Medical Concerns _____

Parents(s) or Guardian(s) _____

Siblings (names & ages/grades) _____

Address _____

Email _____ for _____

Email _____ for Student

Home Phone _____

Work Phone _____ for _____

Work Phone _____ for _____

Cell Phone _____ for _____ Text: Y or N

Cell Phone _____ for Student Text: Y or N

I, by signing, attest that the health history and medical information are correct to the best of my knowledge. The person herein described had permission to engage in all prescribed Confirmation activities, except as noted. I agree that Holy Trinity Lutheran Church and/or its personnel will not be held responsible for accidents or personal injury arising there from.

Emergency Authorization: I hereby give permission to the medial personnel selected by the Confirmation leader to treat my child, or myself; and in the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the church to hospitalize, secure proper treatment, and order injection and/ or anesthesia and/ or surgery for myself or my child named herein.

I hereby give permission to Holy Trinity Lutheran Church to use my/ my child's picture for use in publicity.

Parent/ Guardian Signature (if under age 18): _____ Date: _____