

# Confirmation Consent Form

I give \_\_\_\_\_ my permission to ride in arranged vehicles for Confirmation related activities and release Advent Lutheran Church from any damages that may result due to accident or injury.

I hereby authorize a representative of Advent Lutheran Church to consent to and authorize emergency medical treatment, surgery or dental care to be given my child as considered advisable or necessary in the judgment of an emergency medical professional or attending physician. I understand that all medical expenses will be taken care of by my personal insurance. This consent form is good for the 2009-2010 school year.

Parent/Guardian Signature: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
*(If parent/guardian is unable to be reached)*

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/Guardian Place of Employment: \_\_\_\_\_

Employer Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Concerns that we should be aware of: \_\_\_\_\_

\_\_\_\_\_

## Ministry Opportunities

- Serve as a Confirmation small group guide on Tuesdays (6:30 – 8:00)
- Help with class service project
- Be a mentor during Lent
- Chaperone a Retreat
- Chaperone a Mission Trip
- Chaperone a BWCA Trip
- Help with Pizza Feast on Tuesdays from 6:00 – 6:30 p.m.