



MEDICAL/PHOTOGRAPH AUTHORIZATION FORM

Bethel Lutheran Church | 607 6th St N | Wahpeton, ND 58075

Family Information

Parent/Guardian 1		Phone# (Home and Cell)	
Parent/Guardian 2		Phone# (Home and Cell)	
Address		Other Address (If applicable)	
Email Address:		Other Email Address (if applicable)	
Emergency Contact:		Phone# (Home and Cell)	

Are you a member of Bethel? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, would you like information? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Yes, I would love to be a TEACHER

Yes, I would love to be a SUBSTITUTE

Yes, I would be willing to help at special events

Health Insurance Information

Company Name			
Group ID		Policy Number	
Address			
Phone Number			

Student Information (fill out for each child)

(1) Student Name		Date of Birth	
Phone# (Home and Cell)		Email Address	
Grade (as of Fall 2020)		Has this child taken 1 st Communion Classes?	

Medical Conditions, Food Allergies/Other Concerns Yes No

If yes, please explain	
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All students in confirmation must have a mentor.	Mentor Name	
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(2) Student Name		Date of Birth	
Phone# (Home and Cell)		Email Address	
Grade (as of Fall 2020)		Has this child taken 1 st Communion Classes?	

Medical Conditions, Food Allergies/Other Concerns Yes No

If yes, please explain	
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All students in confirmation must have a mentor.	Mentor Name	
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Student Information (fill out for each child) – continued

(3) Student Name		Date of Birth	
Phone# (Home and Cell)		Email Address	
Grade (as of Fall 2020)		Has this child taken 1 st Communion Classes?	
Medical Conditions, Food Allergies/Other Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain			
All students in confirmation must have a mentor.		Mentor Name	
(4) Student Name		Date of Birth	
Phone# (Home and Cell)		Email Address	
Grade (as of Fall 2020)		Has this child taken 1 st Communion Classes?	
Medical Conditions, Food Allergies/Other Concerns <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain			
All students in confirmation must have a mentor.		Mentor Name	

Medical Authorization – AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR (must be filled in and signed by parent or guardian). (I), (We), the undersigned, Parent(s)/Guardian(s) of a minor, do hereby authorize Bethel Lutheran Church, Wahpeton, North Dakota, and/or Adult Leaders, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the time of examination at the treatment scene, in the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but it is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

Photograph Authorization – I grant permission to photograph/videotape my child. Pictures may be used for publicity purposes, i.e., brochures, church website. Children will NOT be identified by name without permission.

Liability – In consideration of the opportunity to participate in any Event(s), and in recognition of the possible dangers voluntarily subjected to; we hereby knowingly, freely and voluntarily waive any right to cause of action, of any kind whatsoever, arising as a result of such participation from which any liability which may or could accrue to Bethel Lutheran Church and the individuals thereof.

Parent/Guardian Signature		Date	
Student Signature (1)		Date	
Student Signature (2)		Date	
Student Signature (3)		Date	
Student Signature (4)		Date	