

St. Paul's Evangelical Lutheran Church
701 S. College Avenue
Newark, Delaware 19713
(302) 368-0064

CONFIRMATION REGISTRATION

Legal name _____ Phone: _____

First Middle Name Last Suffix
>>>Student **Email address** _____ >>>Parent **Email** _____

Address _____ ZIP _____

Date of birth _____ Place _____

City State

Date of Baptism _____ Place _____

Church City State

Father's Name _____
First Middle Last Suffix

Mother's Name _____
First Middle Last

Mother's Maiden Name _____

MEDICAL INFORMATION

Insurance Company _____

Policy # _____ Group # _____

Medical conditions/Allergies: _____

Current medications (prescription and over the counter) _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name _____ Relation _____

Address: _____

Phone(s) (h) _____ (w) _____ (cell) _____

ALTERNATE EMERGENCY NAME(S) AND NUMBER(S)

Name _____ Phone(s) _____

Name _____ Phone(s) _____

I authorize the administration of emergency medical treatment to my child, following these guides:

I understand that (1) all reasonable safety precautions will be taken at all times by the adult supervisors and (2) in the event medical intervention is needed, every attempt will be made to contact me or the emergency person(s) immediately.

In case no contact can be made, **my child may be taken to an emergency care center**

Signature of parent/guardian _____ Date _____