

Parent/Guardian Consent Form 2011-2012

I, _____, am the parent or legal guardian of the child(ren) listed below, and I am informed of the activities offered by Our Savior's Lutheran Church located at 1207 Prairie Avenue in the city of Faribault, County of Rice, and State of Minnesota, beginning on the day of August 1, 2011 and ending on the day of July 31, 2012.

As parent or legal guardian of my child(ren), I hereby consent for my child(ren) to attend and participate in all on site activities provided by Our Savior's Lutheran Church.

Signature of Parent or Guardian

Additional Information: _____

Parent/Guardian Consent to Medical, Dental, or Hospital Care

I, _____ am the parent or legal guardian of the below named child(ren). I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child(ren), I am responsible for the health care decisions of my child(ren) and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child(ren) is legally sufficient and that no consent from any other person is required by law.

(Signature of Parent or Guardian)

(Date)

(Print Full Name of Parent or Guardian if not filling out online)

The information below must only be filled out for new students entering the program AND/OR if your insurance/medical information has changed from last year. If left blank, I will assume nothing has changed.

Child's Name	Birth date	Allergies/Medications (Attach an explanation if necessary.)	Activity Exclusions (Attach an explanation if necessary.)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Name of Physician _____			Phone _____
Name of Dentist _____			Phone _____
Preferred Hospital _____			
Health Insurance Company and pertinent subscriber number _____			

2011-2012 Family Information Form

Last Name: _____

(Children)

Please list all children, babies through 5th grade.

First Name: _____
 Middle Name: _____
 Prefers to be called: _____
 Birth date: _____
 Baptism Date: _____
 Grade in '11/12: : _____

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 Middle Name: _____
 Prefers to be called: _____
 Birth date: _____
 Baptism Date: _____
 Grade in '11/12: : _____

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 Middle Name: _____
 Prefers to be called: _____
 Birth date: _____
 Baptism Date: _____
 Grade in '11/12: : _____

There is a fee of;
 \$5.00 per student
 \$10.00 family max
 This fee helps to cover
 programming costs.
 Please make all checks
 payable to Our Savior's
 Lutheran Church.

Parents' Information

Father's Name _____
 Address _____
 Phone _____ Cell _____ Work _____
 *Email (please print clearly) _____

Mother's Name _____
 Address _____
 Phone _____ Cell _____ Work _____
 *Email (please print clearly) _____

***Providing your email address will help us to communicate more effectively with you about upcoming events, time changes, and any other pertinent information. Please know that we will not abuse the privilege of having your email address. If you do not have an email address, and would like information on acquiring one for free, please contact Kira Anderson at 331-2276.**

Children's Ministry Volunteer Opportunities for 2011-2012

Name _____ Phone _____ Email _____

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Sunday and Wednesday School

____ I would be willing to teach or co-teach on Sunday.

Please indicate which age/grade _____

____ I would be willing to teach or co-teach on Wednesday.

Please indicate which age/grade _____

____ I would be willing to lead/co-lead Grapple (5th Grade) on Wednesday.

____ I would be willing to lead the preschool children in music on ___ Sunday

____ I would be willing to be a large group presenter/puppeteer (circle one) for preschool on ___ Sunday

____ I would be willing to be a large group presenter/puppeteer (circle one) for 1st-4th grade on ___ Sunday ___ Wednesday

____ I would be willing to be a substitute teacher for ___ Sunday ___ Wednesday

Nursery Volunteer

____ I would be willing to volunteer in the nursery during the following Sunday services:

____ 8:30

____ 9:30 (Education Hour)

____ 10:30

____ I would be willing to volunteer in the nursery during the Holiday Services

Vacation Bible School (VBS) -

____ I would be willing to help with games.

____ I would be willing to help with crafts.

____ I would be willing to help with music.

____ I would be willing to help serve snack on the following days:

____ I would be willing to be a small group leader or co/leader.

Day Camp -

____ I would be willing to house one or two camp staff. ___1 ___2

I prefer a ___ male staff or ___ female staff

____ I would be willing to help during the day with miscellaneous tasks.

I am available to help on: _____

*If more than one person from your family is volunteering, please indicate the name of the person who is volunteering next to each volunteer position that is checked.