



ADVENT LUTHERAN CHURCH

Medical Permission Form (Protection of Children and Youth)

For the year September 1, _____ to August 31, _____

Name of child/youth _____

Birth Date _____ School _____ Grade _____

Address _____

Name of Parent/Guardian _____

Phone _____ Cell Phone _____

Name of Family Doctor _____ Phone _____

Alberta Health Care # _____ Date of Last Tetanus Shot _____

Does your child have any severe or life-threatening allergies? (eg. Bee stings, food, penicillin or other drugs, etc.)

Yes No Detail _____

Does your child use or carry any medications? (eg. Antibiotic, ventilator, epi-pen, etc)

Yes No Detail _____

Does your child have any physical, emotional or behavioural concerns or limitations?

Yes No Detail _____

Does your child have any medical condition of which we should be aware?

Yes No Detail _____

In the event of accident, sickness or other medical emergency, I hereby authorize Advent Lutheran Church to secure such medical treatment as is deemed necessary. It is understood that medical care will be secured promptly and that parents or guardians will be notified at the earliest possible opportunity.

In the event of accident, sickness or other medical emergency, Advent Lutheran Church, its pastor, staff and volunteers are hereby released from any liability.

Parent or Guardian Signature _____ **Date** _____

Advent Lutheran Church, 2006.

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ADVENT LUTHERAN CHURCH

Activity Permission Form (Protection of Children and Youth)

*Shed by Blood
Reigns by Good Pleas*

For the year September 1, ____ to August 31, _____

Name of Child _____

Birth Date _____ Age _____

Address _____

Phone _____ Cell Phone _____

School _____ Grade _____

Name of Parent/Guardian _____

Alternate Person to Contact in Emergency _____

Relationship to Child/Youth _____ Phone _____

I give permission for the child/youth named above to participate in field trips, retreats, camps and any other off-site activities that are sponsored by Advent Lutheran Church and which are offered as part of Advent Lutheran Church's Sunday Church School, Confirmation Ministry program, Advent Youth Group activities or other ministries.

On occasions when I cannot provide transportation myself, I consent to my child being driven to and from these activities by an adult member of Advent Lutheran Church.

I understand Advent Lutheran Church will do its best to follow the guidelines set out in *POLICY TO PROTECT CHILDREN, YOUTH AND OTHER VULNERABLE PEOPLE IN THE ELCIC* which is intended for the health, safety and protection of the children, youth, other vulnerable people and the volunteers of Advent Lutheran Church

Parent / Guardian Signature _____

Date _____

Advent Lutheran Church, 2006.

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ADVENT LUTHERAN CHURCH

Youth Group Registration Form

For the year September 1, 2008 to August 31, 2009

Your Name: _____

Birth Date _____ School _____ Grade _____

Name of Parent/Guardian _____

Phone _____ Your Email _____

Interests/Hobbies:

Youth Group Activity Suggestions:

Would you be interested in participating in a church service?

- Special Music: voice
- Special Music: instrument _____
- Greeter Usher Lesson Reader

Advent Youth Group Parent Support

Name: _____ Phone number: _____

Parent Email address:

I am willing to help out in the following job(s):

- Fundraising
- Take a turn organizing an event for youth group (a job checklist is available). A committee member will help mentor you if you need help.
- Chaperon an event
- Help out at monthly meetings- e.g. take minutes, plan activities
- Provide food for youth events
- Drive youth to events
- Other _____

Comments/Suggestions:

Please fill out and return this checklist to my church mailbox (#123) or mail to:

Advent Lutheran Church
11 Scenic Acres Gate N.W.
Calgary, AB T3L 1E4

Youth Planning Committee Meets the second Tues. of the month at 7:30 p.m. at the Church- Please join us and meet other fun parents of youth!

*Thanks,
Donna Dressler-Mund*