



Youth Medical Release & Consent Form

New Life Lutheran Church - Norwalk, IA - 2020-2021
EACH PARTICIPANT MUST COMPLETE THIS DOUBLE-SIDED FORM

STUDENT NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

STUDENT CELL: _____ PARENT CELL: _____

NAME OF PARENT(S) GUARDIANS(S): _____

NAME OF PHYSICIAN: _____

PHONE: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

PHONE: _____

(Please photocopy insurance cards and include with this form)

CURRENT MEDICATIONS TAKEN BY PARTICIPANT (LIST NAME AND DOSAGE):

HEALTH HISTORY: (MAJOR ILLNESSES, LAST TETANUS SHOT, ALLERGIES, ETC.):

FATHER EMPLOYED AT: _____

PHONE: _____

MOTHER EMPLOYED AT: _____

PHONE: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ PHONE: _____

RELATIONSHIP TO PARTICIPANT: _____



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In the event of illness or accidental injury, this form will be presented to the attending physician if your child needs medical treatment in your absence. This will prevent delay of treatment with your signature and photocopied insurance card.

I hereby give permission for my child to participate in all activities related to New Life Lutheran Church's activities. I understand that all activities will be conducted on church property. In return for the benefits of my child's participation in these church activities I agree to accept responsibility for the actions of my child and assume all risk of injury to my child should such occur during these church activities.

Parent/Guardian (name) _____ "I hereby authorize the treatment, administration of anesthesia and surgical treatment for my child (name) _____ in the event of a medical emergency occurring during my absence or when hospital or medical personnel cannot contact me. This authorization extends to all medical facilities and personnel regardless of setting, in or out of a medical facility, in the treatment of my minor child."

I hereby authorize the church employee or adult chaperone to obtain medical treatment for my child as deemed necessary, after making every reasonable effort to notify me. If the church employee or chaperone is unable to contact me for any reason, he or she is further authorized to use his or her judgment in making care decisions for our child, and I agree to pay in full and be responsible for, any and all expenses incurred for this treatment.

I understand the zero tolerance policy with regard to acts of violence, illegal weapons, and illegal drug and alcohol use and agree to pick-up my child if deemed necessary for any reason by the Pastor

I agree that my child's image, both in print and electronically, may be used by New Life Lutheran Church for illustrative or promotional purposes. I have read and understand this document and release of liability. I agree to the terms and conditions and certify that the information provided is complete and accurate.

I will instill values of respect with my child to help him/her choose to respect all people, including themselves, and choose to treat others as we would like to be treated. My child will need to listen to the leaders and volunteers in order to fully participate. Together we will strive to live out Mark 12: 29-31 "Jesus answered, "The first is, 'Hear, O Israel: the Lord our God, the Lord is one; you shall love the Lord your God with all your heart, and with all your soul, and with all your mind, and with all your strength.' The second is this, 'You shall love your neighbor as yourself.' There is no other commandment greater than these."

Signature of Student

_____ Date _____

Signature of Parent/Guardian

_____ Date _____

What's the deal with mentors?

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Faith is formed through personal, trusted relationships. One area that I believe can really help the confirmation experience is a confirmation mentor. It is expected that each student will have a growing relationship with another caring Christian adult who is active and involved at New Life. It is important to have a mentor relationship with someone at the church that knows who you are and when you are here, and when you are not. The confirmation mentor also is a person who helps the students with their faith and self and faith and others projects.

Confirmation mentors should not be a family member. That family member is already someone that is a part of the students life. What we are hoping for is that second person of influence in the faith life of a child.

When looking for a confirmation mentor, start by asking Pastor Nate for suggestions, he's already asked some people if they would be willing to serve as a confirmation mentor. Too, ask your parents, they would be really important people to involve in this decision.

Second, think of people that are "Triple A Certified." Okay, I just thought that up, but think about an adult that is AUTHENTIC, AVAILABLE and AFFIRMING. Basically, someone that is real, someone that can take time to be with you, and someone that is a person that you would enjoy being around.

Third, complete the Confirmation Mentor Form and return it to Pastor Nate before October 1.

Pastor Nate has a bunch of people that he can help to connect both student and Confirmation Mentor.

Confirmation Mentor

New Life Lutheran Church - Norwalk, IA - 2020-2021

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THE BASICS

- Have fun.
- **Pray!**
- Be available to your student.
- Be authentic with your student.
- Be affirming of your student.
- Be curious about your students life.
- Be a Caring Christian Adult in the life of your student.
- Help your student think of, produce and complete a faith & self / faith & others project.
- Meet with your student on a regular basis.

New Life Lutheran Church



Evangelical Lutheran Church in America
God's work. Our hands.



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4380 wakonda dr.

norwalk, ia 50211

515-285-5965

like us on Facebook

follow us on Twitter

www.newlifenorwalk.org

office email:

newlifelutheranoffice@gmail.com

pastor nate's email:

njljedtke@gmail.com

pastor nate's cell phone:

515-480-1733

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Confirmation Mentor

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COMPLETE THIS FORM BEFORE OCT. 1

After prayer and discussion I have asked _____ (name of Confirmation Mentor) to partner with me in completing two projects, meet on a regular basis, and introduce me to the congregation before the date of my confirmation (8th grade year).

Signature of Student _____

Signature of Mentor _____

Signature of Parent _____