

Woodbury Lutheran Church – Adult Disability Ministries 2021-2022 Registration and Permission Form

Please PRINT ALL information. This information will assist us in meeting the needs and ensuring the safety of each participant. ALL PARTICIPANTS are required to complete this form whether attending events with caregivers or attending independently.

Please return your completed form to: Woodbury Lutheran Church, ATTN: Disability Ministry Box #690
7380 Afton Rd., Woodbury, MN 55125

Date: _____

Name: _____ Birthday: _____

Address: _____

Phone Number(s): _____ Email address: _____

Please check one: Group Home Parent/Guardian Other

EMERGENCY CONTACTS:

1. _____ Phone: _____

2. _____ Phone: _____

HEALTH INFORMATION: (*What should we know to ensure this individual's safety? e.g. allergies; seizures; diet;*)

BEHAVIOR & SUPERVISION: (*What should we know to ensure this individual has an enjoyable experience with us?*)

COMMUNICATION ABILITY:

Verbal Nonverbal Uses Gestures Sign Language Communication Device

CHECK ANY EVENTS OF INTEREST (all events are at Woodbury Lutheran Valley Creek Campus):

People of Faith: 2nd & 4th Thursday evening Bible Class, 6:30pm-7:30pm, Fireside Room. (Begins 9/23/21)

Faith & Friends: Sunday morning Bible Class, 9:00am-10:00am, Isaiah Room. (Begins 9/19/21)

Hearts & Hands: Monthly fellowship/service opportunities that include in-person events, drive thru event, ZOOM meetings and mailings. (Begins 10/10/21; meet in The Bridge.) **Please see schedule for more details.**

RELIGIOUS BACKGROUND: *Please be assured that our programs are open to all members of the community. The following questions are completely OPTIONAL. We ask them only so that we can serve you better. Please feel free to contact our church if you are ever in need of pastoral care.*

What is your church background? _____

Baptism: Are you baptized? Yes No Not Sure

Would you like to speak to someone about being baptized? Yes No

First Communion: Have you received instruction for First Communion? Yes No

If not, would you like to learn about Holy Communion? Yes No

Confirmation: Are you confirmed? Yes No

Would you like to talk to someone about being confirmed in the Lutheran faith? Yes No

2021-2022 EMERGENCY MEDICAL CARE RELEASE:
Parent/Guardian please read and sign.

For guests from group homes who will **always** be accompanied by a caregiver during Hearts and Hands events, please sign and date here. Any additional information on this page will be optional: _____ / /

ALL unaccompanied guests, please complete and sign the following information:

I/we, the parents or guardian of the above individual, do hereby grant permission for Woodbury Lutheran Church staff and Disability Ministry Volunteers, to take whatever steps may be necessary to administer or obtain emergency medical care, depending upon the severity of the situation, in case of injury to or illness of the above named individual. These steps may include but are not limited to, the following:

1. Calling 911, if necessary
2. Attempting to contact the parents or guardian, the individual's physician or emergency contacts for this individual
3. If I/we cannot be reached, or the individual's physician cannot be contacted, one or both of the following will be done:
 - a. Call another physician
 - b. Arrange to have this individual taken to an emergency hospital in the company of a volunteer

I/we will pay for any expenses that may result from the above emergency care.

Woodbury Lutheran Church will not be responsible for any injuries or illnesses that may happen as a result of false information given at the time of registration for the Adult disability Ministry Programs.

The health insurance policy covering care for this individual is:

Issued to: _____

Name of Company: _____

Policy Number: _____ Expiration Date: _____

I/we hereby authorize the following licensed physician to give emergency care to this individual:

Physician's Name: _____

Address: _____

Phone Number: _____

If unavailable, another licensed physician may treat this individual.

Signature Parent/Guardian: _____ **Date:** ____/____/____