

ZION LUTHERAN CHURCH STUDENT MINISTRY
Youth Permission, Information and Release Form

Each year Zion Lutheran sponsors trips and outings that may contain elements of risk. Sometimes circumstances beyond our control arise when the risks are high (i.e. weather changes, illness, etc.). Recognizing this, the Director of Youth requires all participants to fill in each section of this form giving your permission for medical treatment and release of liability, should the need arise. Please help us to be prepared in case of emergency.

_____ has my permission to participate in church sponsored trips. I hereby release Zion Lutheran and its employees, agents, or volunteers from liability for loss of personal possessions, personal injury or loss of life. I release liability to all drivers on outings as well.

Signature of parent/guardian:

Date: _____

* I give my permission for Zion Lutheran to use pictures of my child take at these events for its webpage, brochures, flyers, and/or other types of promotional presentations.

Signature of parent/guardian:

Date: _____

* I give my permission for medical attention to be sought for my child for any event sponsored by Zion Lutheran. I am also providing medical information, a copy of the insurance card, and emergency phone numbers (on the back page) in case of need. I understand I am responsible for all medical expenses.

Signature of parent/guardian:

Date: _____

The following persons will be contacted in case of emergency. Parents will be contacted first; if parents cannot be reached, the following persons will be contacted.

Name of Contact	Phone No.	Relationship
1. _____		
2. _____		

Personal Information

Full Name: _____

First

Middle

Last

Date of Birth: ____/____/____ Present Age: ____ Present Grade: ____

Home Phone: _____ Youth Cell Phone: _____ Text: Y N

Address: _____

Mother's Name: _____

Mother's Employer: _____

Mother's Work No.: _____ Mother's Cell No.: _____

Father's Name: _____

Father's Employer: _____

Father's Work No.: _____ Father's Cell No.: _____

Health Insurance Company: _____

(Please attach copy of insurance card)

Policy Holder: _____ Policy No.: _____

List any present of Long Term Medications:

List any allergies of medical conditions:

Any other information we should know about your child? _____

Date of last Tetanus Shot: _____

Signature of Parent / Guardian: _____

Date: _____