

Zion Lutheran Church Emergency Medical Treatment Parental Permission Form For July 2010 - July 2011

Please print clearly.

Participant Information

Name: _____ Birth date: _____ / _____ / _____

Home Address: _____

Social Security Number: _____ Home Phone: _____

Parent / Guardian Name: _____

Parent/Guardian Work Phone: _____ Cell Phone: _____

Name of persons to be contacted other than yourself in an emergency if you cannot be reached

Name: _____ Phone number _____

Name: _____ Phone number _____

Medical / Insurance Information

Health Insurance? no yes (if yes, company name _____)

Company Telephone Number _____ Policy number _____

Limiting physical disabilities or handicaps (temporary or permanent)? no yes

If yes, please explain _____

Current Medications? no yes If yes, what is the participant taking and what is the medication for?

Allergies? Reactions to medications? Any other medical limitations? no yes

If yes, please identify and explain: _____

Can aspirin be administered if needed? no yes

Can ibuprofen be administered if needed? no yes

Can acetaminophen be administered if needed? no yes

Local Physician Name : _____ Phone Number _____

Parental Permission

I, the undersigned parent/ guardian, do hereby give permission for my child to participate in any Zion Youth Event. In signing this document, I release Zion Lutheran and its appointed chaperones and staff at the activities from any legal liability for injury. I release from any liability Zion Lutheran Church and any adult chaperone or staff in the event of any accident en route to, during, or returning from Zion-sponsored events. In the event that I cannot be reached, I give permission for Zion Lutheran Church's appointed adult staff or chaperone to make any necessary decisions with regard to medical treatment that may be required. I agree to charge my child to abide by the rules and requirements of the adult chaperones and staff. I also give Zion Lutheran the right and permission to use and/or publish, in print or via electronic media any photographic, audio, and video materials of the participant in Zion -sponsored events. I waive any right to inspect or approve the materials or to receive any compensation for the use of said materials.

Date: _____ Parent/ Guardian Signature: _____

Zion Lutheran Church Covenant of Conduct

In order to live in Christian community, there are some behavioral promises we must make together.

While attending Zion's youth activities, I will

- * respect others and treat them as fellow members of the body of Christ**
- * respect myself and my body by not engaging in rude or inappropriate behaviors in action or words**
- * build a safe environment free of violent words or actions used towards another person or towards property**
- * follow the direction of adult chaperones**
- * refrain from engaging in any illegal activity**

By signing this form, I acknowledge

- * I have read and understand this covenant.**
- * I agree to abide by these rules and guidelines for my behavior.**
- * I understand that failure to meet these standards may result in discipline or removal from youth activities at Zion Lutheran Church.**

Youth Signature _____

Date _____

Parent/ Guardian Signature _____

Date _____

Deaconess Signature _____

Date _____



Photo Release

I give permission to Zion Lutheran leader to photograph/film the minor designated above in any manner or form for any lawful purpose associated with Zion events.

Parent/Guardian signature