

Zion Lutheran Church
Permission and Medical Release Form

Student's Information

Name of Student _____ Birth date _____

Address (Please include city and zip) _____

Allergies and other known diseases, disorders or disabilities _____

Please list any medications your child is on (type, dose, what for) _____

Clinic Name _____ Doctor's Name _____

Clinic Location and Phone Number _____

Parent(s)/Guardian(s) Information

Parent(s)/Guardian(s) _____

Phone (H) _____ Phone (W) _____

Emergency Contact Information

Will be contacted if a parent/guardian is unable to be contacted.

Name _____ Relationship _____

Phone Number(s) _____

Name _____ Relationship _____

Phone Number(s) _____

FOR PARENT(S) AND/OR GUARDIAN

PHOTO POLICY: By signing below parents and participants give Zion Lutheran Church permission to use and post photos of participants in church publications and/or on the internet for church use.

If you do not want photos posted please check this box:

I give my permission for _____ to take part in _____. In consideration of the opportunity for my young person to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify and agree to hold harmless Zion Lutheran Church of Galesville, WI, it's agents, employees, adult volunteers, leaders, organizers, sponsors and persons transporting our young person to, from and during this activity. Neither Zion Lutheran Church of Galesville, WI. nor any of said persons shall be held financially responsible for any injury, illness or death incurred as a direct result of this activity.

POLICY ON BEHAVIOR: Any youth who engages in any behavior that is determined to be seriously disruptive will be sent home.

We, the undersigned, have read this release and understand all its terms and execute it voluntarily and with full knowledge of its significance. In the event of an emergency and I cannot be reached, I hereby authorize that emergency treatment may be administered.

Parent/Guardian Signature _____ Date _____

Participant Signature _____ Date _____