## 2017-2018 Zion's Student Ministries Blanket Permission & Release Form Zion's Church, 770 Zion's Church Rd. Hamburg, PA 19526 Journey Café, 320 Pine St. Hamburg, PA 19526

This Permission, Release, Emergency Contact and Health Form shall be valid from September 1, 2017 to August 31, 2018, and will only need to be filled out and submitted one time for the 2017-2018 school year.

I understand that Zion's Church/Journey Cafe, its staff and volunteers, are committed to providing safe, fun & educational activities, and that all activities are conducted in a respectful & godly environment free of tobacco, alcohol, drugs & weapons. In light of this, and to help ensure the safety of all concerned, I understand that if my child or teen is in possession of drugs, alcohol, tobacco products, engages in any dangerous or illegal conduct, or behaves in a disrespectful or ungodly way while participating in the scheduled activities for 2017-2018, that I will be contacted immediately to pick up my child. Although the risk is minimal, I am aware that some activities or events may involve physical activity where my child may be at risk of injury. I agree to hold Zion's Church/ Journey Cafe, its staff, volunteers and partner ministries harmless should any such injury occur. I grant permission for my child to be transported to & from the events checked off on the back of this form.

In the event of a medical emergency, I declare that I am the child or teen's parent or legal guardian and hereby authorize the youth ministry staff or volunteers, as agents for me, to consent to medical attention as advised and supervised by a physician or dentist should I be absent or unavailable to make such decisions. This authorization extends to any emergency room treatment, and admission and treatment as an inpatient, considered necessary by the attending physician. I understand that, in the event of such an emergency, I will be contacted as soon as possible.

Student Name: [	DOB://_	_ Grade: _	Student Phone#	
Address:				
Street / P.O. Box	Cit	/	State	Zip
Parent/guardian signature :		Parent/	guardian name:	
Parent's telephone:	Cell Phone			
If I am unreachable in an emergency, please cor	ntact:			
Relation to Student: Emergency	Telephone #'	s		
Name of Family Doctor:	Dr's Phone:			
Medical Insurance Company:				
-PLEASE PROVIDE A PHOTOCOP Contract / Policy / Group Number:				
Date of last tetanus immunization:// Has he/she previously had penicillin?				
List any medications & food to which he/she is al	lergic:			
List any medications your child is taking (w/dosa	ge & schedul	e)		
PARENTS, CHECK OFF ACTIVITIES/ EVENTS B Activity or Event	ELOW IHAI	_	ates	SIGN I HIS FURN
<u>Check</u>		_		
Renew Retreat, Camp Andrews, Holtwood, PA		11/10/20	17– 11/12/2017	
New Year's Eve Lock-In		12/31/20	17 – 1/1/2018	
Winter Jam Concert, Santander Arena, Reading I		Winter 20		
Reach Out Summer Mission Project, Hamburg, P	Α	July 8-13,	2018	
Samaritan's Purse or other Mission projects		TBA		
All other miscellaneous Forge, Rock Us, GLOW, T	eam MacGuyve	er, ZSM or Su	unday-school related outi	ngs & events
Ι	_give permis	sion for my	y son / daughter	
(Parent or Guardian, please sign)				
(Otradient mener in large milet)	to participat	e in the ac	tivities indicated abov	'e
(Student name, please print)				
scheduled for the 2017-2018 Zion's Student Mini	strv school v	ear		

Signing this form also indicates that you are granting permission for your child to be transported to & from the various events checked above.