2021-2022 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, 2021 to August 31, 2022, and will only need to be filled out and submitted one time for the 2021-2022 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 2021-2022, 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:	//_ Grad	de:Student Phone#	_
Address:Street / P.O. Box			
Street / P.O. Box	City	State	Zip
Parent/guardian signature :	Par	rent/guardian name:	
Parent's telephone: Cell	Cell Phone		printed
If I am unreachable in an emergency, please contact:			
Relation to Student: Emergency Telepho	ne #'s		
Name of Family Doctor:	Dr's Phone:		
Medical Insurance Company:			
-PLEASE PROVIDE A PHOTOCOPY OF TH Contract / Policy / Group Number:			CARD -
List any medications & food to which he/she is allergic: _			
List any medications your child is taking (w/dosage & sch	nedule)		
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PARENTS, CHECK OFF ACTIVITIES/ EVENTS BELOW 1	HAI YOUR	_	GN THIS FORM
Activity or Event		<u>Dates</u>	
Girls' (GLOW) Sleepover at Journey Cafe		Oct. 29-30, 2021	
Boys' Camp Out, Blue Rocks Family Campground, Lenhartsville, PA		Nov. 5-7, 2021	
Renew Retreat, Camp Andrews, Holtwood, PA		Nov. 12-14, 2021	
New Year's Eve Lock-In		12/31/2021 – 1/1/2022	
Winter Jam Concert, Santander Arena, Reading PA		Winter 2022	
Creation Festival '22, Agape Farm, Shirleysburg PA		June 28-July 3, 2022	
Impact '22 Summer Mission Project, Hamburg, PA		July 10-15, 2022	
Samaritan's Purse or other regional/international mission	projects	TBA	
All other misc Forge, Rock Us, GLOW, ZSM or Sunday-scho	ool related ou	itings, events, service projects	TBA,
I give pe	ermission fo	r my son / daughter	
		e activities indicated above	
(Student name, please print) for the	2024 2022	Zion's Student Ministry scho	