2026 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 January 1, 2026 to December 31, 2026, and will only need to be filled out and submitted one time for the 2026 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 2026, 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 City State Zip

Parent/guardian signature :_____**Parent/guardian name**:_____
printed

Parent's telephone: _____ Cell Phone_____

If I am unreachable in an emergency, please contact: _____

Relation to Student: _____ Emergency Telephone #'s_____

Name of Family Doctor: _____ Dr's Phone: _____

Medical Insurance Company: _____

-PLEASE PROVIDE A PHOTOCOPY OF THE FRONT & BACK OF MEDICAL CARD -

Contract / Policy / Group Number: _____

List any medications & food to which he/she is allergic: _____

List any medications your child is taking (w/dosage & schedule) _____

_____

PARENTS, CHECK OFF ACTIVITIES/ EVENTS BELOW THAT YOUR CHILD MAY ATTEND & SIGN THIS FORM

Check	Activity or Event	Dates
_____	**Girls' Sleepover at Journey Cafe**	**TBA**
_____	**Boys' Camp Out**	**TBA**
_____	**Winter Jam Concert, Santander Arena, Reading PA**	**Winter 2026**
_____	**Impact '26 Summer Mission Project, Hamburg, PA**	**June 21-26, 2026**
_____	**All other misc Zion's Student Ministries outings, events, service projects**	**TBA**

I _____ give permission for my son / daughter
(**Parent or Guardian, please sign**)

_____ to participate in the activities indicated above scheduled
(**Student name, please print**) for the 2026 Zion's Student Ministry school year.

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