



Zion Lutheran Church
Sunday School, Confirmation & Youth Ministry
2021-2022 Universal Permission Form
(3rd – 12th Grade)

Name of Child _____ Date of Birth _____

Nickname _____ Gender _____

Name of School _____ Grade _____

Parent 1 / Guardian Name _____ Cell # _____

Parent 2 / Guardian Name _____ Cell # _____

Primary Mailing Address _____

Alternate Mailing Address (if any) _____

Primary Email Address _____

Secondary Email Address _____

Name of person normally picking up your child from Sunday School (3rd – 6th Grade)

(Please remember that your child is not allowed to leave Sunday School unaccompanied.)

Emergency Contact Name (*other than parent*) _____

Cell # _____ Relationship to child _____

Details of any medical or additional support needs that may affect the child's ability to participate in activities

Details of any other information you feel would be helpful for the teachers to know about your child:

List any medical conditions (asthma, diabetes, epilepsy, etc.):

Please answer in detail or write N/A. Use additional sheet if necessary.

Any known allergies (including to any medication)? _____

Does your child carry an EPI Pen? YES NO

LIABILITY RELEASE: In consideration of Zion Lutheran Church allowing my child to participate in youth ministry for Sunday School, Youth Group (*On-site activities, Off-site events, Retreats, Lock-Ins, and Trips*), I do hereby release, forever discharge, and agree to hold harmless Zion Lutheran Church, its pastor, directors, employees, volunteers and teachers (*collectively herein "the Church"*) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in youth activities. Furthermore, I, on behalf of my youth participant, hereby assume all risk and expenses as a result of participation in activities involved therein. _____ Parent/Guardian Initials

PHOTO RELEASE: I give permission for any photographs / video which may feature my child to be made during the youth ministry activities and to be used by the Church. _____ Parent/Guardian Initials

If your child plans to participate in any youth activities outside of Sunday School or Confirmation Class, please fill out the remainder of this form.

If not, you may skip this section and sign at the bottom.

List any prescription/non-prescription medications, herbal supplements and/or vitamins your child will take during any youth ministry activity. Participants under the age of 18 are required to give ALL MEDICATIONS to an adult volunteer or staff member, in the original container with complete dispensing instructions, before the start of the event. Youth are not permitted to carry any of the above and will be sent home if they do.

Medication Name	Dose	Treatment for	Instructions
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>

Please explain any other pertinent information about the participant (i.e., physical, behavioral, or emotional) that would be important for the adult volunteer or staff member to know:

Family Physician: _____ Phone: _____

Please attach a copy of your child's medical insurance card, or fully complete the section below:

Medical Insurance Carrier: _____

Policy Holder's Name _____

Policy # _____ Group # _____

Hospital Preference: _____

MEDICAL TREATMENT PERMISSION: In the unlikely event of illness or accident, if I am not contactable, I give permission for any necessary emergency first aid or medical treatment to be given. I understand that every reasonable effort will be made to contact me as soon as possible. I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such as medical and dental services rendered to the aforementioned child pursuant to this authorization. _____ Parent/Guardian Initials

OVER-THE-COUNTER MEDICATION: Do you give permission for your child to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (*i.e. Tylenol, Advil, antacids, Benadryl*) while participating in a youth ministry activity? YES NO _____ Parent/Guardian Initials

EARLY RETURN HOME POLICY: Should it be necessary for my child to return home due to medical reasons, disciplinary action or otherwise, I shall assume all transportation costs. _____ Parent/Guardian Initials

TRANSPORTATION PERMISSION: I give permission for my child to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in youth ministry activities. My child and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

_____ Parent/Guardian Initials

PARENTAL CONSENT: I give permission for my child to attend Zion Lutheran Church youth ministry activities during the period of September 1, 2021 – August 31, 2022. I give permission for my child's details to be stored by the Church (*this may be on computer*) as considered necessary. Should there be any change to the details given on this form I understand that it is my responsibility to inform the Church.

_____ Parent/Guardian Initials

Name of parent/guardian _____

Signature of parent/guardian _____ Date _____