

Zion Lutheran Church
Permission Slip for the 2026/2027 School Year

Student Information:

Name: _____

Address: _____

Date of Birth: _____ Age: _____ Grade for 20__/_ school year: _____

Insurance Company Name: _____

Insurance Policy & Group #: _____

PLEASE INDICATE on the back of this notice: Please list any health conditions, allergies or diet/mental/ physical restrictions that your child may have and medications that he/she may be using to treat this condition. You may also include the name of the hospital or doctor of your preference and their phone numbers; we will do our best to honor such requests in the case of an emergency.

Household Information:

Name of Parents or Guardians: _____

Address: _____

Preferred Phone #: _____ Alternate Phone #: _____

Relationship to Student: _____

Emergency Contact:

Name: _____

Address: _____

Phone Number: _____

Relationship to Student: _____

The following adults have my permission to pick up my child from a youth function. If there are changes to this list, I will notify the pastors.

Please list any pertinent information regarding your child the leadership should be aware of:

I, _____ (Participant's Parent/Guardian's Name), hereby grant permission for my child, _____ (Participant's Name), to participate in the 20__-20__ church and youth events. I acknowledge that there are inherent risks associated with any activity and I assume full responsibility for those risks.

I understand that travel may be involved, and I hereby give permission for my child to travel with the adult leader or leaders of this activity, including transportation by car, bus, train, airplane, or any other means.



I understand that it may be necessary for emergency medical treatment to be administered if an injury or illness occurs during activities. I grant permission to an adult leader of this activity, my appointed agent if needed, to provide consent for any medical diagnosis or treatment including x-ray examinations; dental services; surgery and hospital care advised by a licensed physician, surgeon or dentist in the state where these services are rendered. This may include visits at a doctor's office as well as hospitals.

I understand that it is incumbent upon me and/or my child to follow all rules as set forth by the church. Further, I acknowledge that any misconduct or misbehavior on the part of my child or myself may result in immediate dismissal from the event, at the sole discretion of the church staff. I also agree to release and hold harmless the church and its staff from all liability related to injury or illness that may occur to my child in relation to this event or any activity associated with it.

In the event of an emergency, I consent to medical treatment provided by a doctor or hospital of the church's choice. I have read and understand all regulations associated with this event, as well as the above statements.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Zion Lutheran Church _____ has my permission _____ does not have my permission to use my child's photograph for publicity purposes.

Health conditions, allergies or diet/mental/ physical restrictions that your child may have and medications that your child may be using to treat this condition:

Preferred name of the hospital or doctor of your preference and their phone numbers
