Zimmerman Evangelical Free Church
Zimmerman, MN

Good Through: _____

For Office Use Only

I hereby grant permission for my child:

_____

Last Name **First Name** **M.I.** **Birthday**

_____

Student's Cell # **Student's E-Mail Address**

to go on events that are sponsored by the Zimmerman Evangelical Free Church. In doing so, I release the Zimmerman Evangelical Free Church, Zimmerman, MN and all its officials and employees and volunteer chaperones from any and all liability, not covered by my insurance, in connection with my child's participation on these activities.

This liability form is good for one (1) year from the date it is signed by a parent or guardian.

Medical Information

In the event of an emergency where medical treatment is required, I give my permission to the staff or youth worker to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

Please include any medical information and allergies that would be important. Include medication and specific condition for which it is needed. Please inform us if your child will be bringing the medication on events and if assistance will be needed.

_____

_____

_____

Insurance Co:_____ Policy #:_____

Insurance Company Phone #:_____

Conduct Code

In the event of a severe disciplinary problem, it is understood that the youth workers will have the authority to resolve the problem. In extreme or irresolvable cases, parents will be notified and the student will be sent home at the parent's expense.

Media Release

☐ By checking the box, I agree that ZEFC may publish picture(s) of my child for promotional purposes on the ZEFC web site, church bulletin boards and/or church printings.

Print Name:_____ Date: _____/_____/_____

Parent/Guardian Signature:_____

Home Phone:_____ Alternate Phone:_____ (Cell/Work)

N.MERMAN YOUTH RELEASE FORM

Alternate Emergency Contact:_____Phone:_____