

Authorization, Permission and Release Form

Date: _____ **Household Name:** _____

Parents' / Guardians' Names (First and Last): _____ / _____
(First and Last): _____ / _____

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: (____) _____ **Marital Status:** Single _____ Married _____

Cell Phone: (____) _____ **Emergency Phone Number:** (____) _____

Child's Name: _____ **Date of Birth:** ____/____/____ **Age:** _____

Grade: _____ **Sex:** M F

Medical Information and/or Allergies: _____

FOOD ALLERGIES (be specific as the children will be given food and snacks):

Child's Name: _____ **Date of Birth:** ____/____/____ **Age:** _____

Grade: _____ **Sex:** M F

Medical Information and/or Allergies: _____

FOOD ALLERGIES (be specific as the children will be given food and snacks):

Child's Name: _____ **Date of Birth:** ____/____/____ **Age:** _____

Grade: _____ **Sex:** M F

Medical Information and/or Allergies: _____

FOOD ALLERGIES (be specific as the children will be given food and snacks):

Parental Permission / Release:

I am the parent or legal guardian of the above child(ren) and hereby grant my authorization and permission for my child(ren) to:

- 1) Be transported to and from Zion Christian Center or other Church related events from designated pick-up and drop-off locations, and to
- 2) Participate fully in activities at Zion Christian Center

As parent or legal guardian I also hereby give authorization and permission to delegated individuals at Zion Christian Center to:

- 1) Seek emergency medical treatment for my child(ren) if I can't be reached at the above numbers.
- 2) Check my child in / out before and after activities.

I understand that I am responsible to provide Zion Christian Center with updated current medical and emergency information.

I do, on behalf of my child under 18 years of age, hereby release, and forever discharge and agree to hold harmless Zion Christian Center and the directors thereof from any and all liability, claims demands for personal injury, sickness or death, as well as property damage and expense of any nature whatsoever which may be incurred by my child while said child is participating in activities at Zion Christian Center.

Parent / Guardian Signature: _____ **Date:** _____