

Zion Baptist Church
4850 Blagden Avenue, N.W.
Washington, D.C. 20011
Permission Form For Minor Child To Attend Activity

Organization/Group: _____ Sponsor(s): _____

Activity: _____ Date: _____

Departure Time: _____ Expected Return Time: _____

Any Cost? _____ When Due? _____

Participant Responsibility:

I, _____, agree that I will conduct myself on this activity in a way that would be pleasing to the Lord and a positive representation of my family and Zion Baptist Church.

Parental Responsibility:

I, _____, as parent or guardian of the above named participant, give permission for this participant to engage in this activity. I understand the activity, the mode of transportation, the leadership accompanying the group and all other circumstances relating to this activity. I certify that my child is in good health and can participate in all normal activities of the group with the following exceptions _____ . I understand that reasonable measures will be taken to safeguard the health and safety of the group, and that I will be notified as soon as possible in case of an emergency. However, in the event of sickness or accident, I will not hold the group sponsor(s) or Zion Baptist Church responsible. In case of sickness or accident, I authorize the calling in of a doctor and/or the providing of other necessary medical services. I agree to pay for all medical services provided.

I have read the above statement and understand the information contained therein.

Date: _____ Signed By: _____

Home Phone () _____ Work Phone () _____

Address: _____ City/State: _____

Name of alternate person in case I cannot be reached in the event of an emergency:

Name: _____ Phone () _____

Please provide emergency health care information on the back of this form.

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Consent for Emergency Medical Treatment of a Minor
Please print all information except where a signature is requested.

Name of Minor: _____ Date of Birth: _____

Address: _____ City/State: _____

Parent/Guardian _____ Home Phone () _____

Work Phone () _____

Alternate contact if parent or guardian cannot be reached:

Name: _____ Phone () _____

Does the minor have any health challenges, limitations, allergies or other conditions?
Yes ___ No ___ If yes, please describe:

Does the above restrict any activities? Yes ___ No ___ If yes, to what extent?

Is the minor taking any medication? Yes ___ No ___

If yes, please list:

Name of Medication	Reason for Taking	Amount and Frequency
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Health Insurance Co _____ ID# _____

Primary Care Physicain _____ Phone# _____

In the event of a serious emergency, your child will be taken to the nearest available hospital emergency room. You will be notified as soon as possible, and you will be responsible for any charges incurred.

I have read the above statement, and I understand the information contained therein.

Signature of Parent or Guardian: _____

Printed Name of Parent or

Guardian: _____ Date: _____

9/15/02 ZBC