

**CHILD/YOUTH PERMISSION SLIP  
LIABILITY RELEASE FORM  
EMERGENCY MEDICAL INFORMATION FORM**

ZION LUTHERAN CHURCH | 101 10TH ST. SE | PO BOX 477 | COOPERSTOWN, ND 58425 | 701-797-3137

Event Name	Dates	Location
<hr/>		<hr/>
Full legal name of underage minor (child/youth)		Date of birth
<hr/>		<hr/>
Address		Phone number
<hr/>		<hr/>
Secondary Emergency Contact (Other than below signer)		Phone number
<hr/>		<hr/>
Medications child is currently taking, dosage and dispensing instructions		
<hr/>		
Food allergies		
<hr/>		

**LIABILITY RELEASE:** In consideration of Zion Lutheran Church allowing my child/youth to participate in the above said event and I, the undersigned, do hereby release, forever discharge and agree to hold harmless Zion Lutheran Church, its pastors, 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 my child/youth while involved in the above said event. I the parent or legal guardian of this child/youth hereby grant my permission for the child/youth to participate fully in above said event that may include trips away from the church premises. Furthermore, I, on behalf of my child/youth hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of my child/youth, including expenses incurred attendant thereto.

**MEDICAL TREATMENT PERMISSION:** 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 medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

**TRANSPORTATION PERMISSION:** The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by a licensed adult chaperone while attending and participating in activities sponsored by Zion Lutheran Church. I also agree to allow my child/youth to be transported by Zion Lutheran Church and its representatives outside of the state of North Dakota.

**I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and agree to all terms and conditions.**



\_\_\_\_\_  
Signature of Parent/Guardian



\_\_\_\_\_  
Date