

{Boys/Girls} Awakening #{Number}

{DATE}

Zionsville Presbyterian Church

PARENT PERMISSION & MEDICAL RELEASE

Mandatory for Student to be Admitted to Awakening

Your child will soon be spending time at the Zionsville Awakening Weekend. As leaders, we are committed to continuing excellence in safety by maintaining the highest level of assurance for your child. Our intention in having a Permission Slip and Medical Release is so that (1) we know that your child has your permission to engage in the activity that we are undertaking and (2) that, in the unlikely case of a medical emergency, we will be able to provide all the necessary care for your child. Please read the following and provide the appropriate information:

I hereby give my permission for my child to participate in the Zionsville Awakening, from 11:30 AM Friday, {START DATE}, through approximately 6:00 PM, Sunday, {END DATE}, held at Zionsville Presbyterian Church. It is understood that during this activity each student will cooperate with the rules and guidelines set forth by the adult leaders. I understand that in the event of an emergency, extreme effort will be made to contact me. In the same event, I give the Zionsville Presbyterian Church and its leaders Randy Judd, Julie Judd or another adult leader, permission to procure all necessary medical treatment for my child and authorize the adults to act in my behalf in obtaining necessary medical care.

I hereby release the Zionsville Presbyterian Church and the adult leaders from liability for accident or illness during this weekend.

Name of Student: _____

Age _____ Birthdate _____

Address: _____ City _____ St _____ Zip _____

E-Mail: _____

Parent's Name(s) _____

Home Phone: _____

Cell #: _____

Insurance Co. _____ Policy No. _____

Phone: _____

Other Emergency Contact: _____

Phone: _____

Parent's Signature: _____

Date: _____

If your child has any known allergies (especially to medications or foods) or any physical limitations that we should know about, please advise here: _____

List any prescription drugs your child is bringing with them here: _____

PLEASE COMPLETE, SIGN & RETURN THIS FORM TO:

Zionsville Presbyterian Church
4775 West 116th Street
Zionsville, IN 46077