

Parental Consent Form for
The Montrose Zion's Student Ministries Department

Montrose Zion
565 N. Cleve. Mass. Rd.
Akron, OH 44333
330-665-9817



Student's Name _____ Birth date _____ Grade _____

Address _____

City/State/Zip _____

Parent Name(s) _____

Parent's email _____

Home Phone _____ Cell Phone _____

In the following statements, Montrose Zion's personnel refers to all authorized adult sponsors with the youth program, both paid staff and volunteers. These statements are valid from **September 2009 - September, 2010.**

I give permission for my student, named above, to attend and participate in Montrose Zion's activities.

I give permission to Montrose Zion to photograph my child or myself and use those photographs for future advertisement.

I give permission to Montrose Zion personnel to transport my student to and/or from the activities.

I give permission to Montrose Zion personnel to make the necessary decisions in the event of a medical or dental emergency involving my student.

I will not hold Montrose Zion or Montrose Zion personnel responsible for payment of emergency medical or dental treatment involving my student.

Parent's signature

Date

Insurance Company _____ Policy Number _____

Allergies _____

Special needs/Additional information _____

Do you attend Montrose Zion Y or N