

Zion Pictures: (please check one or two)

_____ Yes, I give permission to have my child's picture on Zion publications
(The Tower, bulletins, etc).

_____ Yes, I give permission to use by child's picture on Zion's website.

_____ No, I do not want my child's picture on any Zion publications.

Parent or Guardian Signature _____ Date _____

In order that we may find you quickly in case of emergency, where can we locate you during the Bibleland hour? (assisting with Bibleland, Adult Ed, worship service, by cell phone, etc.):

We keep your child in their classroom until the teacher sees you, the parent or guardian. If someone else is picking up your child, please inform their teacher prior to class time.

Parent or Guardian Signature _____ Date _____

Medical Release:

If the event I, the parent or guardian, cannot be reached during an emergency, I (we) undersigned give permission for our child to be treated by a licensed physician, and for said physician to administer whatever care is necessary, including anesthesia, for their safety and care.

Parent or Guardian Signature(s) _____ Date _____

Please note any special medical allergies, medications, problems, or other information that is pertinent to the child: