

# ZOE 2011 - 2012 CONSENT FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Home phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
In case of Emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Name of Insured on policy: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Do you have any health needs ZOE should be made aware of? If yes, please explain:

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Do you have allergies? \_\_\_\_\_ Can you take Tylenol or Advil? \_\_\_\_\_  
Can you take Benadryl? \_\_\_\_\_ Can you have Tums or Mylanta? \_\_\_\_\_

## Parental Consent:

I, \_\_\_\_\_ (Parent/Guardian) give the adult leaders of ZOE the authority to provide medical treatment for \_\_\_\_\_ (Student's name).  
I, \_\_\_\_\_ (Parent/Guardian) give my permission for my (son/daughter), to attend ZOE functions (meetings, volunteer opportunities, socials). I do not hold the ZOE Board or ZOE Chaperones liable for any injury, accidents, or illnesses incurred. My child has permission to attend ZOE functions approved by ZOE. This release will be effective until the end of May 2012 or upon withdrawal of membership from ZOE. I hereby release the ZOE Board and any driver of automobiles from liability which might result in any injury.

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

Date: \_\_\_\_\_

On this day \_\_\_\_\_ personally appeared before me, and in my presence executed the within and foregoing permission and release form.

Signed before a North Carolina Notary of the county of \_\_\_\_\_ on this \_\_\_\_\_ of \_\_\_\_\_ (day and month) 20\_\_\_\_.

My commission expires \_\_\_\_\_

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Notary