



2015 – 2016 HEALTH, EMERGENCY & ASSUMPTION OF RISK FORM
 VILLAGE BIBLE CHURCH STUDENT MINISTRY

This form is designed to supply Village with health, emergency, and assumption of risk information from September of 2015 through August of 2016. Only one copy per student needs to be submitted for all events within that time period.

Student's Name: _____ Birth Date: _____ Gender: _____ Grade: _____
 Home Address: _____ City: _____ Zip Code: _____
 Home Phone: _____ Cell Phone: _____
 Email: _____

Parent or Guardian Information:

Father's/Step-father's Name: _____ Cell Phone: _____
 Place of Employment: _____ Phone: _____
 Mother's/Step-mother's Name: _____ Cell Phone: _____
 Place of Employment: _____ Phone: _____

If parents are not available during an emergency, contact:

1. Name: _____ Relationship: _____ Phone: _____
 2. Name: _____ Relationship: _____ Phone: _____

Medical Information

Hospital Insurance: Yes No Insurance Company: _____ Policy Number: _____
 Physician Name: _____ Phone: _____

Allergies or Medical Conditions

Current Medications and Dosages: _____
 Surgeries or Serious Injuries: _____
 Chronic or Recurring Illness: _____
 Other important medical information that may be relevant to a physician in the event of an emergency: _____

I do not want my child to engage in the following activities:

Parent or Guardian Authorization

I authorize any Village Bible Church Student Ministry Adult Leader who is a part of any specific activity to make emergency medical decisions for my child in the event the emergency contact and I cannot be reached. I will immediately notify the Village Bible Church Student Ministry leader in charge of any activity of any change in the information presented here.

In the event of sickness, accident, or disciplinary action, I will not hold the group, the leaders, or Village Bible Church responsible.

I also give the leadership of the group permission to discipline my child as necessary and I understand that should my child need to be sent home before the group returns, I am responsible for my child's actions and expenses.

I agree that this Assumption of Risk shall be valid until I revoke or revise it in written form.

I have signed this Assumption of Risk both in my own capacity as a parent/guardian of my child and in a representative capacity on behalf of my minor child.

Date: _____ (signature of parent/guardian 1) Date: _____ (signature of parent/guardian 2)