



2019–2020 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 1 of 2019 through August 31 of 2020. 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.

I agree that this Assumption of Risk shall be valid until I revoke or revise it in written form, or through August 31, 2020.

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.

I, the undersigned, also give permission for my child to ride in any insured vehicle designated by the adult or sponsor in charge, for events which require transportation, following the guidelines established by Village Bible Church.

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.

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

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

Please complete side 2



2019-2020 PHOTO, VIDEO, AUDIO CONSENT FORM
VILLAGE BIBLE CHURCH STUDENT MINISTRY

Village Bible Church
847 North Route 47
Sugar Grove, IL 60554
630-466-7198
villagebible.org

Photo, Video, Audio Consent Form

Please complete the appropriate area below:

I, _____ parent/guardian of _____
(Please print parent/guardian's name) (Please print student's name)

DO / DO NOT (circle one) give permission for my child to be photographed, filmed and audio recorded with the understanding that all photos and videos may be used by Village Bible Church for filming, editing and publication.

(Signature of parent/guardian)

(Date)