

Please complete the following form for **each** child involved in any VictoryPoint Student Ministries activity. This form will be kept on file for emergency, information and insurance purposes.

TO BE COMPLETED BY PARENT/GUARDIAN. PLEASE PRINT AND USE BLACK OR BLUE INK. COMPLETE BOTH SIDES!

Student's Name: _____ Female Male
first name middle name last name

STUDENT INFORMATION

Street Address: _____ Home Phone Number: () _____
 City, State and Zip: _____ Birthday (including year): ____ / ____ / 19 ____
 School: _____ Grade: _____
 Student Email: _____ Age: _____

PARENT/GUARDIAN INFORMATION

Student lives with: Mother and Father Mother Father Other: _____
 Mother's / Stepmother's Name (circle one): _____ Email Address: _____
 Home Phone Number: () _____ Mobile Phone Number: () _____
 Employer: _____ Work Phone Number: () _____
 Father's / Stepfather's Name (circle one): _____ Email Address: _____
 Home Phone Number: () _____ Mobile Phone Number: () _____
 Employer: _____ Work Phone Number: () _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency, if a parent/guardian cannot be reached, please attempt to contact:

Name: _____ Relationship: _____
 Home Phone Number: () _____ Mobile Phone Number: () _____
 Family Physician: _____ Phone Number: () _____
 Family Dentist: _____ Phone Number: () _____

INSURANCE INFORMATION

Insurance Company: _____ Phone Number: () _____
 Policy Number: _____ Group Number: _____

HEALTH INFORMATION

If applicable, please describe in detail the nature and severity of any physical and/or psychological ailment, illness, weakness, limitation, handicap, disability or condition to which your child is subject and of which VictoryPoint Ministries staff/volunteers should be aware, and what, if any, action of protection is required on account thereof. Please submit this notification in writing and attach it to this form.

Q Does your child regularly take medications? yes no If "yes", for what: _____

Name of medication and dosage: _____

Name of medication and dosage: _____

Can your child possess and take this medication on his/her own? yes no

comments: _____

TURN OVER!
 complete other side

HEALTH INFORMATION, cont.

Q Does your child have allergies to:

- pollens medications food insect bites other: _____

comments:

Q Does your child have any medical/psychological conditions that we should be aware of? yes no

comments:

Q Has your child recently experienced any major illness or injury that we should be aware of? yes no

comments:

Q Should your child's activities be restricted for any reason? yes no

comments:

Date of last tetanus shot (if known): _____ Child's blood type (if known): _____

PERMISSION FOR PARTICIPATION

I/We, the undersigned, have legal custody of the minor child named above. I/We give our consent for him/her to attend and/or participate in ministries, events, programs, functions, trips, retreat and any/all activities sponsored by, connected with or related to VictoryPoint Ministries.

RELEASE OF LIABILITY

I/We, the undersigned, have legal custody of the minor child named above. I/We understand that all reasonable safety precautions will be taken at all times by VictoryPoint Ministries representatives and it agents during events and activities. I/We trust and expect representatives of VictoryPoint Ministries will do all within their means to guard the physical, emotional and spiritual well-being of my/our child in all situations. At the same time, I/we acknowledge that there are inherent risks involved in any ministry or athletic trip or event, and understand the possibility of unforeseen hazards. By signing this document, on behalf of myself/ourselves and my/our minor child, I/we hereby release and forever discharge VictoryPoint Ministries, its officers, directors, pastors, employees, volunteer workers, agents and any parties volunteering on behalf of VictoryPoint Ministries from any and all liability for any injury, loss or damage to person or property that may occur during the course of my/our minor child's involvement in and/or transportation to/from VictoryPoint sponsored activities, trip and/or events. I/We understand that this document is a full and complete release of all claims for personal or bodily injury and property damage which my/our minor child might sustain as the result of his/her attendance and/or participation in any VictoryPoint Ministries activity, regardless of the specific cause thereof.

PERMISSION FOR MEDICAL TREATMENT

I/We, the undersigned, have legal custody of the minor child named above, and I/we temporarily entrust my/our child to the care of VictoryPoint Ministries and its adult staff members while attending and/or participating in VictoryPoint Ministries sponsored activities and events. In the event that my/our child becomes ill and/or is injured and requires the attention of a medical care provider, I/we understand that every reasonable attempt will be made to contact me/us. If I/we cannot be reached, I/we authorize VictoryPoint Ministries and the adult members of its staff to consent to any x-ray examination, anesthetic, medical and/or surgical diagnosis and/or treatment, hospital care and/or dental care for my/our minor child which is recommended by a licensed medical care provider and which will be performed by a licensed medical care provider, licensed within the state or country where the services are to be performed. I/We further authorize any hospital which has provided treatment to my/our minor child to return physical custody of my/our minor child to VictoryPoint Ministries and its adult staff members when treatment is completed.

In the event treatment is required from a physician and/or hospital personnel designated by representatives of VictoryPoint Ministries, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent. I/We acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be covered and/or reimbursed by health insurance providers.

ADDITIONAL AUTHORIZATIONS/AGREEMENTS

I/We, the undersigned, have legal custody of the minor child named above. I/We hereby authorize VictoryPoint Ministries to occasionally transport my/our minor child to/from VictoryPoint Ministries and to/from VictoryPoint Ministries events, activities and trips. I/We understand that my/our minor child may be transported in 12-passenger vans, 15-passenger vans and/or sometimes personal or cargo vehicles. I/We give our consent for adult staff members of VictoryPoint Ministries to dispense to my/our child any over-the-counter medications (according to proper dosage instructions) when reasonably deemed necessary. Should it be necessary for my/our minor child to return home due to medical, disciplinary or other reasons, I/we shall assume and be responsible for the payment of all transportation costs. I/We also give our permission to use photo and/or video images of my/our child in VPM publicity.

THIS AUTHORIZATION SHALL REMAIN EFFECTIVE FROM THE DATE SIGNED TO AUGUST 31, 2010 OR UNLESS SOONER REVOKED IN WRITING AND DELIVERED TO VICTORYPOINT MINISTRIES.

By signing below I acknowledge that I have read, I understand and I accept all the terms of this document.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____