

Youth Group Student Information:

School Year _____ / _____

You will only need to fill this form out once a School year, unless your information changes.

Name: _____
Last First M.I.

Date of Birth: _____ Grade in Sept. _____
Nickname, if applicable _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Secondary Phone: _____

E-mail Student _____ Students' Phone: _____
O.K. to contact student byE-mail - Yes _____ Please initial *texting - Yes _____ Please initial*

Home Church, if any: _____

I understand that my child's image may be used in the film making or pictures for youth group promotion, or other youth group or church activities. Yes _____
Please initial

My child has a Facebook page- Yes _____ No _____
O.K. to contact student by Facebook or other social media..... Yes _____ Please initial

Emergency Contact Information:

1. Custodial Parent/Guardian: _____ Relationship: _____

Contact phone #: _____

2. Other: _____ Relationship: _____

Contact phone #: _____

The following people may pick up Student:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

(a) My child has permission to make the decision for themselves on who they leave with .

(a) Yes _____ No _____
Please initial

(b) My child has permission to walk home. (b) Yes _____ No _____

*A separate permission slip will need to be filled out for each activity.
You can download that one on line too.*

**Valley Christian Church
11188 SW Wilsonville Road
Wilsonville, OR 97070
503.682.3693
office@vccwilsonville.org**

Fill out both sides please.

Youth Group

Medical Information / Parent Consent / Release

Student's Name:

Doctor's Name: _____ Phone # _____

Insurance Company: _____ Policy # _____ Group # _____

Date of last tetanus:

Does this student have allergies? _____

Does this student take any medication? _____

Special dietary needs/restrictions: _____

Any activity restrictions? _____

The above medical information is correct to the best of my knowledge.

1. *In the event that I cannot be reached in an emergency and my child requires treatment, I hereby give permission to any of the Emergency Contacts listed on the front to authorize any Medical Center and/or the Health Care Provider selected by Valley Christian Church to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above.*
2. *I also give permission to Valley Christian Church employees or volunteers to hold on to all medications and make them available to my child during the times they are to be taken.*
3. *I fully and completely understand that my signature below releases Valley Christian Church of any liability or accident incurred by the above named student. I understand that Valley Christian Church only carries secondary insurance for student and that I will take primary responsibility for any charges occurring in the event the student named above should need any medical attention at any clinic, facility or hospital.*
4. *I further agree that if I have a legal dispute with Valley Christian Church which cannot be settled through discussions between parties, I will attempt to settle the dispute through mediation before a mutually acceptable mediator whose name appears on the registry of names recognized by Oregon courts as qualified persons for mediation assignments.*

If you understand what you have read and agree, please sign below:

Signature: Parent / Guardian

Date: _____

Print Name Parent/Guardian

Contact Phone #: _____

E-mail Parent _____

Office use only.....
Date entered in computer _____

Fill out both sides please.