|  |  |
| --- | --- |
| Student Info | |
| Name |  |
| DOB |  |
| Gender |  |
| Email |  |
| Phone # |  |
| Insurance Company |  |
| Policy Number |  |
|  | |
| Parent/Guardian Information | |
| Name |  |
| Email |  |
| Phone # |  |
|  | |
| Emergency Contact Information (Please list the name of nearest relative/friend (circle one) to be contacted in case of emergency if parents cannot be reached) | |
| Name |  |
| Email |  |
| Phone # |  |

|  |  |
| --- | --- |
| **Medications**: Please list all medications (OTC or Rx) that you’ll have and dosage schedule. | |
| OTC/RX |  |
| OTC/RX |  |

See attached Medication Policy. By signing here, you are acknowledging understanding of and compliance with the policy. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Student Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Date)

|  |
| --- |
| **Authorization** |

By my signature, the parent and/or the guardian of the above student grant my permission for him/her to participate fully in activities or trips sponsored by Vienna Presbyterian Church. I understand that my signature carries with it the following:

1. An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for my son/daughter.
2. I knowingly release, absolve, indemnify, and hold harmless Vienna Presbyterian Church from all claims that might result from any injury or death of any minor.
3. Should medical help be needed, I agree to pay either directly or through my own health and accident insurance policy all medical or hospital costs.
4. An authorization to display photos and first name only of my child for VPC promotional purposes such as, but not limited to, bulletin boards, worship bulletins, worship screens, the VPC website and the Youth Ministries Facebook page. (***Please note:****VPC does not control the disclosure or use of photographs or video taken by participants at events that are open to parents and community members. We encourage all parents to use social media sites (i.e. Facebook, etc.) responsibly.)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or legal guardian Date