

**VPC Parental Permission Form**  
**September 1<sup>st</sup>, 2016- September 1<sup>st</sup>, 2017 School Year Activities**

**General Information**

Child Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Parents Names: \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_ Work Phone(s) \_\_\_\_\_ Emails \_\_\_\_\_

**Emergency Information**

Notify/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

Notify/Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell \_\_\_\_\_ Other \_\_\_\_\_

**Medical**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Insurance/HMO: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to Foods: \_\_\_\_\_ Allergies to Drugs: \_\_\_\_\_

Any additional general/medical information about your child you would like to add:

*See back for Signature*

I, the parent/guardian of the above named child, hereby give my permission for his/her participation in the church activities for 2012-2013. I agree to direct him/her to cooperate with the direction and instruction of the Valley Presbyterian Church leadership. I acknowledge that Valley Presbyterian Church and its employees and agents take all reasonable safety precautions in the operation of its programs.

I agree in the event my child is injured as a result of his/her participation, including transportation, whether or not caused by the negligence (active or passive) of Valley Presbyterian Church or any of its agents or employees, to hold harmless and release Valley Presbyterian Church and any of its agents, from all liability and waive any claims against them. I agree that recourse for the payment of any resulting hospital, medical, or related costs and expenses will be held against any accident, hospital, or medical insurance, or any available benefit plan of the child involved.

I am not aware of any medical conditions that would render it inappropriate for my child to participate.

I hereby give permission to the medical personnel selected by Valley Presbyterian Church to order X-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for the camp participant named above. In the event that a parent/guardian cannot be reached in an emergency, I hereby give permission to the physician selected by Valley Presbyterian Church to secure and administer treatment, including hospitalization, for the person named above.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_