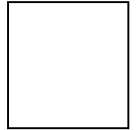


Last Name

# Village Church - Student Ministry

## Student Information Card



Grade

High School Graduation Year: 20

Program:  8 a.m.       11 a.m.       Sunday Morning Bible Study Hour  
 Wednesday Night Program       Saturday Night       Other

Name of Student \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Brought to Village by: \_\_\_\_\_

Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_ Church Attending: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Parents Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parents Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Comments/Special Needs (Medical Concerns/Learning Challenges): \_\_\_\_\_

### Medical & Liability Release

As a parent and/or guardian of the following minor, I do hereby authorize treatment under the direction of any licensed physician of the said minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted ONLY after a reasonable effort has been made to reach me and until a parent or guardian is available. The undersigned assumes the responsibility for any costs connected with treatment and hereby releases Village Church and its agents from any liability thereof.

The undersigned parent and/or guardian of (child's name) \_\_\_\_\_, does hereby consent to the participation of my child in any and all activities for the current school year and associated summer, including, but not limited to, regular Wednesday night, Saturday evenings, Sunday morning meetings and special events on and off campus.

Student's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Any Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy/I.D. #: \_\_\_\_\_

Please check this box to allow Village Church Student Ministries to use photos of your student taken at ministry events.

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

Relationship: \_\_\_\_\_

Special Notes: \_\_\_\_\_

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