

VALLEY CHRISTIAN ACADEMY
EMERGENCY INFORMATION and Field Trip PERMISSION FORM

Student's Name _____ Birth Date _____ Sex: M F
(Last Name) (First Name) (Middle Initial)

Student's Address _____
(address) (city) (state) (zip code)

Home phone: _____ Lives with: _____ School year: _____ Grade: _____

Father: _____ (Hm phone) _____ (Wk phone) _____ (Cell) _____

Mother: _____ (Hm phone) _____ (Wk phone) _____ (Cell) _____

Guardian: _____ (Hm phone) _____ (Wk phone) _____ (Cell) _____

Address (if different) _____
(address) (city) (state) (zip)

Family Physician: _____
(name) (street, city) (telephone)

Family Dentist: _____
(name) (street, city) (telephone)

- | | | |
|---|---|---|
| 1. Has this student ever been hospitalized for surgery? | Y | N |
| 2. Has this student ever been hospitalized for illness? | Y | N |
| 3. Is this student currently under the care of a doctor? | Y | N |
| 4. Is this student taking any medications? | Y | N |
| 5. Does this student have allergies? | Y | N |
| 6. Has this student ever lost consciousness during physical activity? | Y | N |
| 7. Has this student ever had a concussion? | Y | N |
| 8. Does this student wear glasses or contact lenses? _____ | Y | N |
| 9. Do you feel there should be limits on your child's participation in activities because of symptoms of illness, injury, or abnormalities of family history known to you or a physician? | Y | N |

If you have answered any questions "YES" above please specify:

PARENT/GUARDIAN'S PERMISSION: I hereby give my consent for my student to participate in Valley Christian Academy, approved activities as a representative of his/her school. I also give permission for my student to accompany a VCA team or group on its off-campus trips. I also understand accident coverage is my responsibility.

Insurance coverage company name: _____

Policy holder name: _____ Policy number: _____

CONSENT FOR EMERGENCY TREATMENT OF INJURIES: I, _____

Parent/guardian of student named above, hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a physician, , qualified nurse, and/or hospital in the event of injury or illness during all periods of time in which the student is away from his/her normal residence as a member of a **VCA team or group**, and hereby waive on my behalf of myself and the above named child, any liability **VALLEY CHRISTIAN ACADEMY**, any of its agents or employees arising out of such medical treatment.

Signature of Parent / Guardian: _____ **Date:** _____

Alternate Contact Person _____ **Phone:** _____

Alternate Contact Person _____ **Phone:** _____