

# Valley Bible Church Registration, Permission, and Medical Consent Form

Required by California State law for participants under 18 years of age and valid from May 1, 2026 to May 31, 2027

## Children's Information

<u>Children's Names (First and Last)</u>	<u>Birth date</u>	<u>Grade in '26/'27</u>	<u>Gender</u>	<u>Allergies? (list below)</u>
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____
6 _____	_____	_____	_____	_____

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

Zip: \_\_\_\_\_ Home Ph: \_\_\_\_\_ E-mail: \_\_\_\_\_

Do you attend Valley Bible Church? **Y**\_\_\_ **N**\_\_\_ If not, where do you attend? \_\_\_\_\_

How did you learn about our program? \_\_\_\_\_

## Parents' Information

Parent's/Guardian's Names: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

\_\_\_\_\_ Cell Ph: \_\_\_\_\_

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

## Event Transportation

Occasionally we go on outings that require children to be transported. All Valley Bible Church drivers will be at least 21 years old. Parents will be informed of all outings beforehand.

**YES** \_\_\_ **NO** \_\_\_ - I grant permission for my child(ren) to travel to and from outings with an adult leader.

## Media

DO NOT use images of my child(ren) in public media \_\_\_ Internal use images/videos OK \_\_\_

## Medical Info (allergies, medicines, special needs)

Insurance: \_\_\_\_\_ Policy No: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

List any activity restrictions, allergies, or medical conditions for each child (continue on back if needed):

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

You may administer the following over the counter medications to my child(ren) if needed (**check all that apply**)  
\_\_\_TYLENOL, \_\_\_ADVIL, \_\_\_TUMS, \_\_\_PEPTO-BISMOL, \_\_\_BENADRYL, \_\_\_DRAMAMINE

This information is correct, so far as I know, and the person(s) herein described has permission to engage in all activities except as noted. I understand that in the event that my child(ren) has a contagious / infectious disease, they will not be able to participate. In the event that I cannot be reached in an emergency I hereby give my permission to hospitalize, to secure proper treatment, and/or to order an injection, anesthesia or surgery for my child(ren) as deemed necessary.

I ASSUME all risk of personal injury, loss or damage to personal property and also agree that Valley Bible Church and its agents will not be liable for personal injury, loss or damage to personal property.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_