

Portview Church
Children Ministry Student Information

One Form/Child

Which Program (mark all applicable programs) Rangers Girls Ministries Children Church
 Kindergarten Pre-school Nursery Rainbows Jr. High ___ Sr. High ___

Student Information

Name _____ Age _____ Grade _____

Address _____ City _____ Zip Code _____

Birthday _____ Home# _____ Cell# _____ Work# _____

School _____ Activities involved in _____

Parental/Medical Information

Father/Guardian Name _____ Mother/Guardian _____

Parents/Guardian's Phone # Home _____ Work _____ Cell _____

Lives with Both Parents Mother Father Guardian

Doctors' Name _____ Clinic _____

Clinic Phone Number _____ Name of Insurance _____

Does your child have any medical problems/allergies we need to be aware of? _____

If yes describe? _____

Is your Child on any Medications? _____ If yes what kind? _____

Is your child able to take his/her own medication? _____

Known allergies _____

Emergency Contact _____ Relationship to child _____

Phone Numbers Home _____ Work _____ Cell _____

Permission

I hereby give my Son/daughter permission to attend all activities with Portview Christian Center Youth and children ministries (PVCC). I also understand that my child will be traveling to and from events and quiz meets with PVCC. I also give permission to have medical care given to my child only if (1) such care is deemed necessary by the adult supervisor having custody of my child (2) the proposed medical treatment or procedure are immediately or imminently necessary and any delay occasioned by an attempt to obtain my personal consent would reasonably jeopardize life, health or well being of the child affected; and (3) I cannot be personally contacted. I do hereby release, forever discharge and agree to hold harmless Portview Christian Center and the directors thereof from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity

Parent/Guardian signature _____ Date: _____