

Valley Evangelical Covenant Church
**Youth Policies / Expectations
 & Permission Slip**

The following policies and expectations will be met by all youth attending activities sponsored by VECC:

1. I will abstain from the use of alcohol, tobacco or drugs of any kind.
2. I will not use foul or offensive language.
3. I will wear appropriate clothing for the activity.
4. I will refrain from excessive public displays of affection.
5. I will respect all others and their property.
6. I understand that the persons in charge of the activity have the final say in any matter.
7. I will remember that I am a representative of Valley Evangelical Covenant Church.

In the event that I do not meet these expectations, my parent or guardian may be called and I may be asked to leave the activity. If this situation occurs, my parent/guardian will be responsible for picking me up - wherever I may be.

I give my student (name on reverse side of card) permission to participate in the VECC Youth activity as stated below:

On this date _____

 Student Signature Date

 Parent / Guardian Signature Date

 Phone numbers where parent / guardian can be reached **that** day(s)

Valley Evangelical Covenant Church
Medical Information

In case of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give Valley Evangelical Covenant Church of Stillman Valley, Illinois permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by VECC. I give permission to those administering emergency treatment to do so using those measures deemed necessary. I absolve VECC from liability in acting on my behalf in this regard so long as VECC is not grossly negligent.

 Student Name Birthdate

 Address

 City / State / Zip

 Home Phone Work Phone Cell Phone

 Person to notify in case of emergency Relationship to student

 Home Phone Work Phone Cell Phone

 Doctor's Name Phone

 Insurance Company Policy/Group Number

 Policy Holder's Name Relationship to student

 Allergies • Medication • Allergies to Medication

 Additional Information

 Parent / Guardian Signature Date