

Sunnyvale Presbyterian Church
728 W. Fremont Ave. Sunnyvale. CA 94087
Tel: 408- 739-1892 Fax: 408- 739-3491

Junior High Emergency Form

Valid September – August (note: if information changes please submit new form)

Student Name _____ Birth date _____

Mailing Address _____ City _____ Zip _____

Grade _____ Gender _____

Parent/Guardian Names _____

Home Phone _____ Student Cell Phone _____

Mother's Contact Phone _____ Father's Contact Phone _____

Emergency contact /Phone Number _____

***Throughout the year we will need to contact parents AND students through e-mail.
Please PRINT information carefully and clearly distinguish between letters and numbers.***

Parent email _____

Student email _____

SVPC Youth Ministry values one on one connections with students. Advisors will need either written or verbal permission to do so. Parents will be contacted before an advisor meets with a student. Please **initial** to indicate you have read and understood this policy. _____

SVPC Youth Ministry requests permission for your student to be photographed or video recorded. These may appear on printed material or the church's website.

I **Agree / DO NOT agree** (circle one) to have my student's photo/video used as indicated above. Please **initial** here after making your choice. _____

Liability Waiver

NOTE: Please complete and sign **only if you do not** have medical insurance for your student.

I _____ do not have medical insurance for my child _____
Students name

I understand that by my child attending any youth events, that the Sunnyvale Presbyterian Church and the San Jose Presbytery will not be responsible for any emergency medical expenses incurred.

I also understand that the Sunnyvale Presbyterian Church and San Jose Presbytery will not be held liable for my child's actions that might involve a law suit.

Parent Signature _____ Date _____

Please complete both sides of this form

