



# BASIC CHRISTIAN BELIEFS

HIGH SCHOOL  
LEADERSHIP INTENSIVE



High School Students,

We are headed to Houghton College on **Friday, November 10, 2017 (Veterans Day)** for an awesome day of digging deeper into our faith. Houghton College faculty, staff, theology students, and leading pastors in our region are gathering together to present on basic Christian beliefs, the core of Christian teaching that is essential for Christian life. This will be an interactive day of learning where you will be able to work through these sometimes difficult concepts and become better equipped to share them with others and live them out yourself.

This is a **free event**, but you must **register with Victory Student Ministries by Wednesday, November 1.**

We will leave from Victory Highway Wesleyan Church at **7:30am** and return around **5:30pm**. Lunch will be included at the Houghton College cafeteria. You may also wish to pack snacks.

**To register**, turn in the attached **Victory Waiver** to Pastor Stacy in the church office, or e-mail to [sshaw@victoryhighway.com](mailto:sshaw@victoryhighway.com) by **Wednesday, November 1.**

## PERMISSION AND MEDICAL CONSENT

As parent or legal guardian, I hereby give permission for my child to participate in the following activity (the "Activity") organized by \_\_\_\_\_  
\_\_\_\_\_Houghton College and Victory Student Ministries\_\_\_\_\_

Name of Activity: \_\_\_\_\_High School Leadership Intensives @ Houghton College\_\_\_\_\_

Location of Activity: \_\_\_\_\_Houghton College in Houghton, NY\_\_\_\_\_ Transportation: \_\_\_\_\_personal vehicles/bus\_\_\_\_\_

Child's Full Name \_\_\_\_\_  
Last First Middle

Sex \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

If not available in an emergency, notify:

1. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

or 2. Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does this child have any of the following allergies:

Penicillin \_\_\_\_\_ Other: \_\_\_\_\_

Other Drugs \_\_\_\_\_

Insect Stings \_\_\_\_\_

Ivy Poisoning, etc. \_\_\_\_\_

Hay Fever \_\_\_\_\_

Does this child have any medical or health problems, and has this child had any chronic or recurring illness or illnesses which would have an effect on the child's participation in this Activity?  Yes  No

If yes, describe the problems or illnesses \_\_\_\_\_

State the name, address, medical specialty and phone number of this child's family physician and of any other physician who should be consulted in the event of emergency or medical problems involving this child:

State the name, address and phone number of this child's dentist (and orthodontist if applicable):

Is there medical or hospitalization insurance which provides benefits for this child? \_\_\_\_\_ (yes/no)

If YES;

Name of Insurance Co. \_\_\_\_\_

Address \_\_\_\_\_

Policy No. of Insurance Policy \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Phone No. of Insurance Co. (\_\_\_\_) \_\_\_\_\_

If NO;

I do NOT have health insurance; therefore, I am signing this waiver, taking full responsibility for all medical matters regarding my child. I take full responsibility for any expenses related to my child's health, be it hospitalization, medicine, ambulances, or any other cost related to injury or illness while my child is under the supervision and care of Victory Highway Wesleyan Church and approved ministry leaders and pastor's. Furthermore, I do NOT hold Victory Highway Wesleyan Church or it's approved ministry leaders and pastor's responsible and/or liable for any and all costs relating to my child's health care for any reason during the duration of the "Activity" listed on page one.

Child's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Indicate the date of this child's last tetanus shot \_\_\_\_\_

Are there any activities, such as strenuous activities, to be restricted for this child? \_\_\_\_\_ If so, describe:

\_\_\_\_\_

Is this child on any medications? \_\_\_\_\_ If so, please state the medication: \_\_\_\_\_

\_\_\_\_\_

If so, will this child be bringing to the Activity the medications that he/she should be taking? \_\_\_\_\_

Describe any dietary restrictions that this child is required to observe \_\_\_\_\_

\_\_\_\_\_

Other comments or suggestions from the parent or guardian concerning this child \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that \_\_\_\_\_ (ministry) carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverage's available to my family. I understand that any personal medical and hospitalization insurance available to my family will provide primary coverage and the ministry's medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverage's available to my family, if any, before applying for benefits that may be available from the ministry's medical and hospitalization coverage.

I further understand that, in the event my child requires medical or dental treatment while engaged in the Activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the Activity, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me.

I understand that if the activity or event mentioned above takes place off Victory campus, by signing below I give consent for the transportation needs of my child to be coordinated and supervised by qualified representatives of Victory Highway Wesleyan Church. Transportation may involve, but it not limited to; hired bus/limousine services and/or personal vehicles owned and operated by qualified volunteers or church staff. It is not acceptable for children under the age of 18 to provide their own transportation without express written consent from a parent or legal guardian.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

Print Full Name \_\_\_\_\_ Date \_\_\_\_\_