



Notarized Parental Consent Form
VALLEY CHRISTIAN SCHOOLS
6900 W. Galveston St., Chandler, AZ 85226-2508
(480)705-8888 Fax (480)705-8889

By signing below, I/we, the undersigned parent(s) or legal guardian(s) of _____ hereby grant permission for said student to participate in the Valley Christian Schools ("VCS") Engage Program, including all associated activities and trips conducted on and off school premises during the **2025-2026** academic year.

I/we acknowledge and understand that participation in such activities may involve inherent risks, including but not limited to the risk of serious bodily injury. I/we further recognize that, although rare, such injuries may result in permanent disability, paralysis, or death. By signing this document, I/we affirm that we have read and understood this warning and voluntarily assume all risks associated with participation.

In the event of a medical emergency where I/we cannot be reached, I/we hereby authorize and consent to any licensed paramedic, physician, or medical facility to administer emergency medical treatment deemed necessary for the health and safety of the student. This authorization shall remain in effect for the duration of the **2025-2026** school year.

I/we understand and agree that any medical expenses incurred as a result of such emergency treatment shall be the sole responsibility of the undersigned parent(s) or guardian(s), and not the responsibility of Valley Christian Schools.

 Student's Name Birth Date Home Phone Number

 Primary Street Address City Zip Code

 Father's Name Father's Work Phone Father's Cell Phone Father's Home Phone

 Father's Street Address City Zip Code

 Mother's Name Mother's Work Phone Mother's Cell Phone Mother's Home Phone

 Mother's Street Address City Zip Code

 Mother's e-mail address Father's e-mail address

 Emergency Contact/Relationship Phone: Cell or Home

 Family Doctor Phone

 Hospital Preference Phone

 Insurance Company Group Number

 Parent/Guardian Signature (**Sign in presence of Notary**) Date

Subscribed and Sworn before me this _____ Day of _____ Year of _____

NOTARY PUBLIC Signature _____

Commission Expires _____

NOTARY SEAL