

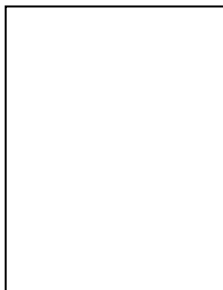
AUTHORIZATION AND MEDICAL CONSENT FORM – Children

For the school year 2010/2011

Information received is confidential and is being gathered for the purposes of serving your child while in the care of Pacific Community Church; any medical information collected here serves to authorize Pacific Community Church, and its staff and volunteers, to obtain medical assistance in emergencies.

Photo

Please include a picture of your
Child/Youth along with this form



In the case of custody agreements, please include the proper form authorizing parental contacts.

Student's Full Name _____ Date of Birth _____

Street Address _____ City _____ BC _____

Postal Code _____ Phone (H) _____ Email _____

Father's Name _____ Mother's Name _____

Father's Work Phone _____ Mother's Work Phone _____

Father's Cell Phone _____ Mother's Cell Phone _____

Care Card # _____ Family Doctor _____ Phone _____

Allergies ☐ Yes ☐ No If yes, please list _____

Is your child bringing any medication with him/her? ☐ Yes ☐ No

If yes, please list* _____

*All medications must be accompanied by complete instructions and will only be administered in the event of extreme emergency if a parent/guardian cannot be reached.

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of? *If yes, please explain below.* ☐ Yes ☐ No

Do you have any custody alert instructions? ☐ Yes ☐ No

If yes, please provide us with copies of separation agreements and /or court orders regarding custody and/or child access issues.

Emergency Contact Information

1) Name _____ Street Address _____

City _____ BC Postal Code _____ Home Phone _____

Work Phone _____ Cell Phone _____

In case of emergency can this person authorized to pick up your child? ☐ Yes ☐ No

2) Name _____ Street Address _____

City _____ BC Postal Code _____ Home Phone _____

Work Phone _____ Cell Phone _____

In case of emergency can this person authorized to pick up your child? ☐ Yes ☐ No

Note: The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection. It is the responsibilities of the parent/guardians to inform the church of any changes in information or of circumstances which may seriously affect your child's health or protection. Please verify the information provided on this form to be correct.

Parent Signature _____

Printed Name _____ Date _____

I/We, the parents or guardians named above, authorize the ministry staff of Pacific Community Church to sign a consent form for medical treatment and to authorize any qualified physician or hospital to provide medical assessment, treatment or procedures for the participant named above.

I/We, named above, undertake and agree to indemnify and hold blameless the ministry staff, Pacific Community Church, its pastors and Board of Elders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of Pacific Community Church, as well as of any medical treatment administered by a qualified physician(s) authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of Pacific Community Church.

Children's Ministry Registration

Our Children & Youth Ministries follow the school-year calendar. For the purposes of developmental ability, class structure, room capacity, ratios and consideration of consistency for children & teachers, we ask that parents do not change your child from their registered class or program during the year unless your child has a November or December birthday, or prior approval from a member of the Children's Ministry Leadership Team. We appreciate your cooperation!

Please **register** my child for the following Sunday class for 2010/2011:

- | | | |
|---------------------------------------------------|---------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Age 12-24 mo (1 yr olds) | <input type="checkbox"/> Age 24-36 mo (2 yr olds) | <input type="checkbox"/> Pre-school (Ages 3-5 yr) |
| <input type="checkbox"/> Kindergarten – Grade 4 | <input type="checkbox"/> Grades 5 & 6 | <input type="checkbox"/> Other _____* |

Please **register** my child for the following program held at Pacific for 2010/2011:

- | | | |
|-----------------------------------------------------|-----------------------------------------------------|---------------------------------|
| <input type="checkbox"/> MOMS | <input type="checkbox"/> Annual Grade 5/6 Sleepover | <input type="checkbox"/> Awana* |
| <input type="checkbox"/> KAW (Kidz Adventure Week)* | <input type="checkbox"/> Other _____* | |

*These classes are not necessarily offered each year and will run their own first-come, first-serve registration process; however this Authorization & Medical Consent will cover these programs and/or events when offered for the appropriate year when checked off.

Our Children's Ministry is entirely dependent on volunteers at Pacific, with emphasis on *parent participation*. We ask that you consider investing in the lives of children at Pacific. Thank you!

I am interested in serving as a...

- | | | |
|----------------------------------------------|--------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Helper | <input type="checkbox"/> Small Group Facilitator | <input type="checkbox"/> Toy Cleaner |
| <input type="checkbox"/> Auxiliary/Spare | <input type="checkbox"/> Large Group Teacher | <input type="checkbox"/> First Aid Attendant |
| <input type="checkbox"/> Kidz Worship | <input type="checkbox"/> Check-in Station | <input type="checkbox"/> Drama/Productions |
| <input type="checkbox"/> Administrative Help | <input type="checkbox"/> Awana | <input type="checkbox"/> Other _____ |

Please indicate where you would most like to serve.

- | | | |
|------------------------------------------------------|---------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> 1 Year Olds (Ages 12-24 mo) | <input type="checkbox"/> Pre-school (Ages 3-5 yr) | <input type="checkbox"/> Grades 5 & 6 |
| <input type="checkbox"/> 2 Year Olds (Ages 24-36 mo) | <input type="checkbox"/> Kindergarten – Grade 4 | <input type="checkbox"/> KAW |
| <input type="checkbox"/> MOMS | <input type="checkbox"/> Awana | <input type="checkbox"/> Other _____ |

Photos

Please sign below to grant permission for the reasonable use of pictures containing your child in any or all of the following ways:

- | | |
|---------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Brochures/Promotional material | <input type="checkbox"/> Church |
| <input type="checkbox"/> Website | <input type="checkbox"/> Newsletters |

Student Ministry Activities

Parent/Guardian Options (*choose one of the following options*):

1. I have read, understood, and agree with the above, and sign it to cover all Children's Ministry activities for the program year 2010 & 2011 effective from the date stated below.

Signature _____

Printed Name _____ Date _____

2. I have read understood & agree with the above and sign it to cover only the activity checked on Pg 2.

Signature _____

Printed Name _____ Date _____

Purposes and Extent

Pacific Community Church is collecting and retaining this personal information for the purpose of enrolling your child in our programs, to assign the student to the appropriate classes, to develop and nurture ongoing relationships with you and your child, and to inform you of program updates and upcoming opportunities at our church, and to enable us to care for your child in the event of an accident or emergency. This information will be maintained permanently as it is a requirement of our insurance company and legal counsel. If you wish Pacific Community Church to limit the information collected, or to view your child's information, please contact us.