

## **AUTHORIZATION AND MEDICAL CONSENT FORM – Children** **For the school year 2011/2012**

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 \_\_\_\_\_

At times we need to relay important information to PCC families – can we communicate with you via e-mail?  Yes  No

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.

*In the unlikely event of an emergency requiring a building evacuation during a Sunday morning or other event when parents are in attendance with their children in designated children's areas, please do **NOT** retrieve your children from the children's areas during a building evacuation as this will greatly impede their evacuation. Your child will be evacuated according to our Emergency Response protocols and you should, instead, to meet your child in the designated assembly area outside the building following the evacuation (South East cul-de-sac).*

Parent/Guardian - initial reading and understanding the above statement \_\_\_\_\_

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, with the exception of the 1 year olds moving into the Toddler class. We appreciate your cooperation!***

Please **register** my child for the following Sunday class for 2011/2012:

1-Year Olds (Age 12-24 mo)  Toddlers (24 mo+)  Pre-school (Ages 3-5 yr)

Kindergarten – Grade 4  Grades 5 & 6  Other \_\_\_\_\_ \*

Please **register** my child for the following program held at Pacific for 2011/2012:

MOMS                                       Annual Grade 5/6 Sleepover       Other \_\_\_\_\_

**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...

Helper                                       Small Group facilitator                       Toy cleaner  
 Auxiliary/Spare                       Large Group teacher                       First Aid attendant  
 Music                                       Check-in station                       Drama/Productions  
 Administrative help                       Other \_\_\_\_\_

Please indicate where you would most like to serve.

1-Year Olds (Ages 12-24 mo)       Pre-school (Ages 3-5 yr)                       Grades 5 & 6  
 Toddlers (Ages 24 mo+)               Kindergarten – Grade 4                       MOMS  
 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:

Brochures/Promotional material                       Church  
 Website                                       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 2011 & 2012 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.