

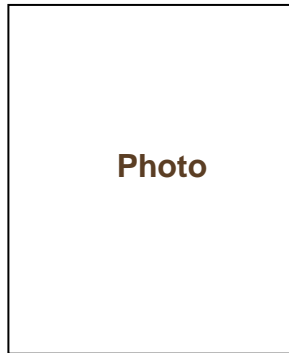


VBS AUTHORIZATION AND MEDICAL CONSENT FORM

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

For the Submerged VBS 2016

Please include a picture of your child along with this form.



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

Student Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____ Parents' Cell / Work #: _____

Health Card Number: _____ Parent's e-mail: _____

Family Doctor: _____ Phone Number: _____

Allergies: _____

Does your child have any physical, emotional, mental, behavioural concerns or limitations that our staff should be aware of? Yes No

If yes, please explain.

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

If yes, please list.

Parents'/Guardian Name: _____

In case of an emergency, contact: _____

Contact Phone: _____

The safety of your child is our primary concern. Precautions will be taken for their wellbeing and protection.

Parent Signature _____

Printed Name _____ Date _____

I/we, the parents or guardians named above, authorize **Pastor Tracy Phelps** or one of the Pastoral Church Ministry Staff to sign a consent form for medical treatment and to authorize any 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 **Pastor Tracy Phelps**, the Ministry Staff, of **PDAC**, 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 the **PDAC**, as well as of any medical treatment authorized by the supervising individuals representing the church. This consent and authorization is effective only when participating in or traveling to events of the **PDAC**.

Photos

Please initial any area below where you **do not** 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