

## **OFF SITE AUTHORIZATION AND MEDICAL CONSENT FORM**

This form is to **accompany** the authorization and medical consent form already filed in our office. This is a parent signature, which will be kept on file, showing parent approval of an off-site trip or experience with increased risk. **This form does not replace the 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 Church**. Any medical information collected here serves to authorize **PDAC Church**, and its staff and volunteers, to obtain medical assistance in emergencies.

**On Wednesday April 18, 2018, our youth group will be meeting at Lazer Mania (865 Upper James) from 7:00-8:30PM. Students will get to play two rounds of laser-tag. The cost for this event is \$10 cash. While every effort will be made to ensure your child's safety, this activity is not without risk. Students will be supervised by leaders approved by Pastor Josh. Students are to arrange for their own transportation. Signed permission forms are required. Pastor Joshua Mutter is the emergency contact for this event: 289-683-3314.**

Child/Children's Name: \_\_\_\_\_

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 well-being and protection.

Parent Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

I/we, the parents or guardians named above, authorize **Pastor Joshua Mutter** 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 Joshua Mutter, the Ministry Staff, of **PDAC** 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 the **PDAC** Church, 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** Church.

### **Photos**

Please check below if 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

Website

Church

Newsletters