

VISITOR AUTHORIZATION AND MEDICAL CONSENT FORM
Children & Youth

Family Name (Last) _____ Today's Date _____

Street Address _____ City _____ Prov _____

Postal Code _____ Contact Ph # (H) () _____ Email _____

At times we need to relay important info to families. Can we communicate with you via e-mail? Yes No

Please check off ONE: This is a ONE TIME visit OR We're checking Pacific out and will likely be back

Student's (First) Name _____ Birth Date (YYYY - MM - DD) _____ Age _____

Student's (First) Name _____ Birth Date (YYYY - MM - DD) _____ Age _____

Student's (First) Name _____ Birth Date (YYYY - MM - DD) _____ Age _____

Student's (First) Name _____ Birth Date (YYYY - MM - DD) _____ Age _____

Student's (First) Name _____ Birth Date (YYYY - MM - DD) _____ Age _____

Allergies? Yes No If yes, please list _____

Are there any medications present? 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.

Parent/Guardian's Name(s) _____ Cell Ph () _____

_____ Cell Ph () _____

Parent/Guardian Section

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

I/we, the parent(s) or guardian(s) named above, authorize Pastor Brian Buhler or one of the Pacific Community Church Ministry Leads and/or Staff 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 Pastor Brian Buhler, the Pacific Community Church Ministry Leads, Volunteers and/or Staff, its Pastors, and the 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.

I have read understood and agree with the above and sign it to cover only the activity listed below.

Activity _____ Signature _____

Date _____ 20 _____ Printed Name _____

Legacy Youth Use: *Parent/Guardian must be called, by a Youth Leader, to verbally verify that they are aware that their child(ren) is present at youth if their parent has not dropped the youth off personally and completed this form.*

Contacted by (staff/volunteer): _____ Date _____ 20 _____

Purposes and Extent

Pacific Community Church is collecting and retaining this personal information for the purpose of assigning the student to the appropriate classes. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel.