

**Children’s Ministry Release Forms**

Photo Release: I, the legal parent/guardian of \_\_\_\_\_, hereby authorize and consent to the use of images or videos of my child/children listed above, with or without their first name(s), by Voyagers Bible Church of Irvine, CA for purposes including but not limited to: promotional materials, printed publications, internet posts including social media, television, and other media sources. I do this with full knowledge and consent and waive all claims for compensation for use or for damages. I release Voyagers Bible Church, its officers, trustees, employees, and agents from liability for any claims by me or any third party in connection with the use of the image of my child/children listed above.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

AUTHORIZATION FOR MEDICAL TREATMENT (Conformed as to California Law) I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_ (hereinafter "my child"), who was born on \_\_\_\_/\_\_\_\_/\_\_\_\_. My child is attending and participating in activities at Voyagers Bible Church (hereinafter "this church") located at: 6000 Irvine Center Drive in the City of Irvine, County of Orange, and State of California, beginning on the day of June 1, 2023. I hereby authorize the Children’s Director and his/her officers, agents, servants, or employees that are 18 years of age or older, who supervise the activities at this church into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child under Sections 6901, 6902, and 6910 of the California Family Code. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further authorize the Children’s Director and his/her officers, agents, servants, or employees that are 18 years of age or older, who supervise the activities at this church to receive physical custody of my child, under Section 1283 (a) of the California Health and Safety Code, upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the Children’s Director and his/her officers, agents, servants, or employees that are 18 years of age or older who supervise the activities at this church. CM0169 (04-2020) -2- It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of the supervisor or his/her authorized designee, in the exercise of his/her best judgment, upon advice of such physician, dentist, and surgeon, may deem advisable.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Address City State ZIP Code: \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_

Medical/Health Insurance Company: \_\_\_\_\_ Insurance Policy No.: \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_ Emergency Phone No.: \_\_\_\_\_

Child’s Physician Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Allergies/Allergic reactions of my child: \_\_\_\_\_

Medicine being taken by my child: \_\_\_\_\_

Other information regarding my child's health that a doctor should know: