



## VBC 2023 Medical and Consent Form



Names of Parent(s)/Guardian(s) \_\_\_\_\_

1. Child's Name \_\_\_\_\_ Health Card Number \_\_\_\_\_
2. Child's Name \_\_\_\_\_ Health Card Number \_\_\_\_\_
3. Child's Name \_\_\_\_\_ Health Card Number \_\_\_\_\_
4. Child's Name \_\_\_\_\_ Health Card Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_

I/we, the Parents or guardians named below, authorize Janelle Hein or one of MPCC's Ministry Volunteers to sign a consent 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 below, undertake and agree to indemnify and hold harmless Ministry Volunteers, MPCC and its Leaders from and against any loss, damage or injury suffered by the participant as a result of being part of the activities of MPCC, as well as of any medical treatment authorized by the supervising individuals representing MPCC. This consent and authorization is effective only when participating in or traveling to events sponsored by MPCC.

### Photos

Please sign below to grant permission for the reasonable use of pictures containing your Child in any or all of the following ways:

- |                                                         |                                      |
|---------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Brochures/Promotional material | <input type="checkbox"/> Church      |
| <input type="checkbox"/> Website                        | <input type="checkbox"/> Newsletters |
| <input type="checkbox"/> Videotaping                    |                                      |

### Purposes and Extent

Information received is confidential and is being gathered for the purposes of serving your Child while in the care of Mountain Park Community Church. This information will be maintained indefinitely as it is a requirement of our insurance company and legal counsel. Any medical information collected here serves to authorize MPCC and its staff and volunteers, to obtain medical assistance in emergencies. If you wish MPCC to limit the information collected, or to view your Child's information, please contact us.

I have read, understood and agree with the above.

Parent/Guardian Signature \_\_\_\_\_

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