PENINSULA COMMUNITY CHURCH
Registration/Medical Release Form

(One form per child)

- ☐ Sundays
- ☐ Breakout
- ☐ VBS
- ☐ PCC
- ☐ SBECC

Please Print Clearly

Name of Child _____ _____
Last *First*

Date of Birth _____ Age _____ Grade (Fall 2018) _____ Gender_____

(I)(We), the undersigned, parent(s) of the above-named child, a minor, do hereby permit this child to participate in programs of Peninsula Community Church of Rancho Palos Verdes and authorize the Ministry Leaders as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective through October 1, 2019, unless sooner revoked in writing delivered to said agent(s).

The insurance of Peninsula Community Church is co-insurance. Your family's individual insurance will be used first before the insurance of Peninsula Community Church.

Parent Name _____ Home Phone_____

Email _____ Cell Phone _____

Home Address _____ Work Phone _____

City _____ Zip Code _____

Doctor _____ Phone _____

Insurance Company _____ Policy/ID Number _____

Allergies or Medical Conditions: _____

Other information: _____

Other Adults Authorized to receive my child from the program:

Name _____ Phone _____

Name _____ Phone _____

Photo Release: ☐ Yes ☐ No

Peninsula Community church has my permission to use my child's photograph/images publically to promote its programs. I understand that the images may be used in print publications, online publications, presentations, websites and social media.

Parent Signature_____ Date _____

PLEASE NOTIFY THE CHURCH OFFICE *IMMEDIATELY* OF ANY CHANGES IN ANY OF THE ABOVE INFORMATION.