



Pineview Community Church

Family Information Form

Please complete one form per household. Space is provided for up to four minors.

PARENT / GUARDIAN INFORMATION

Parent/Guardian 1

Relationship

Cell Phone

Email

Preferred Contact

☐ Text

☐ Call

☐ Email

Parent/Guardian 2

Relationship

Cell Phone

Email

Home Address

MINORS

Please list each minor who may participate in Pineview Community Church's Children's and Youth Ministry activities. Use the notes section to share any allergies, medical conditions, sensory, developmental, behavioral, or other information that would help us care for your child well.

CHILD 1

Full Name

Preferred Name

Date of Birth

Age

Grade

School

Allergies / Medical / Support Notes

CHILD 2

Full Name

Preferred Name

Date of Birth

Age

Grade

School

Allergies / Medical / Support Notes

CHILD 3

Full Name

Preferred Name

Date of Birth

Age

Grade

School

Allergies / Medical / Support Notes

CHILD 4

Full Name

Preferred Name

Date of Birth

Age

Grade

School

Allergies / Medical / Support Notes

Privacy notice: Information on this form is used for Children's and Youth Ministry administration and child safety. Please notify Pineview Community Church when information changes.

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Emergency contacts, pickup authorization, family information, and permissions

EMERGENCY CONTACT

Name

Relationship

Primary Phone

Alternate Phone

Authorized to pick up minor(s)?

☐ Yes

☐ No

AUTHORIZED PICKUP

List the adults authorized to pick up your minor(s).

List anyone who is not permitted to pick up your minor(s), if applicable.

FAMILY INFORMATION

Does your family currently attend Pineview Community Church?

☐ Yes

☐ Occasionally

☐ No

Home church, if different

How did you hear about Pineview Community Church?

Prayer requests or anything else you would like us to know

PERMISSIONS & AUTHORIZATIONS

Please review each item and select Yes or No. The Parent/Guardian signature applies to the selections made below.

1. PARTICIPATION: I give permission for my minor(s) listed on this form to participate in Pineview Community Church Children's and Youth Ministry activities.

☐ Yes

☐ No

2. PERSONAL CARE: I authorize designated Children's and Youth Ministry staff or volunteers to provide age-appropriate personal care when needed, including diaper changes, toileting assistance, and changing wet or soiled clothing. I understand these tasks will be performed according to the church's child-safety and hygiene procedures.

☐ Yes

☐ No

3. BASIC FIRST AID: I authorize designated Children's and Youth Ministry staff or volunteers to provide reasonable basic first aid for minor injuries or illnesses, such as cleaning and covering minor cuts or scrapes or applying a cold pack.

☐ Yes

☐ No

4. EMERGENCY MEDICAL AUTHORIZATION: If I cannot be reached promptly in the event of an illness, injury, or medical emergency, I authorize Pineview Community Church staff or designated volunteers to contact emergency medical services and seek or arrange reasonably necessary medical evaluation and treatment for my minor. I understand that reasonable efforts will be made to contact me and/or the emergency contact listed on this form as soon as possible.

☐ Yes

☐ No

5. MEDIA: I give permission for photo(s) and video(s) of my minor(s) to be used in Pineview Community Church communications, including its website and social-media channels.

☐ Yes

☐ No

6. COMMUNICATIONS: I give permission for Pineview Community Church to contact me by text or email regarding Children's and Youth Ministry activities and church events.

☐ Yes

☐ No

I understand that Pineview Community Church staff and volunteers are not medical professionals. The authorizations above are intended to allow them to respond appropriately and obtain professional medical assistance when needed.

Parent/Guardian Printed Name

Signature

Date

PINEVIEW COMMUNITY CHURCH REPRESENTATIVE – RECEIVED AND WITNESSED BY

Printed Name

Signature

Date