



Mission: Sharing Christ's love and equipping communities to grow in faith.
Vision: A thriving body of Christ within remote BC coastal First Nations communities.

EMERGENCY MEDICAL PROCEDURES

If you have a medical condition that may require treatment, we can be as many as three hours or more away from medical facilities. If you have a condition that you may need medical assistance for, it may not be suitable for you to join as crew. If you have questions in this regard, please contact us directly to discuss.

Remember, in most cases you will be in remote areas, and it may be difficult for people with emergency messages to get in touch with you. In case of an 'at home' emergency, please notify family and friends to contact our office directly so that the message can be communicated to your remote location.

Medical Emergencies with Minors: It needs to be handled the way the child's parents or guardians dictate. If the parents or guardians cannot be contacted, then be sure the medical attention is first rate. All minors participating as mission volunteers are required to have their parent or guardian complete the section "AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT".

Medical Emergencies with a Team Member: First-rate medical attention should be given even in the event of any emergency. All team members must be covered by their own provincial health insurance. Documentation: All medical emergencies need to be documented. Describe the incident including the names, address, & phone numbers of child & parents, site of servant event, date, what was done to handle the emergency. Your team leader should maintain these records and provide them to the sponsoring church in the event they are needed in the future.

I acknowledge this information and initial here that I have read and understand it. Please Initial _____

AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT

Team Member Name (Printed) : _____

Team Member's Signature

Date

To be completed for all those under the age of 18:

We consent to any necessary medical treatment under the supervision and on the advice of any physician licensed to practice in British Columbia when the need for such treatment is immediate and when efforts to contact me (us) are unsuccessful.

Parent or Legal Guardian's Signature

Date

Parent or Guardian's Name (Printed): _____

Child's Name: _____

Parent or Guardian's Mailing Address: _____

Phone- Main: _____ **Work:** _____ **Other:** _____