

Reamstown Church Of God

"Building Lives From the Ground Up"

Pastor, Arthur T. Karick

Associate Pastor, Joel R. Hainley

PO Box 98

Stevens PA 17578

Phone (717)336-2147 Fax (717)336-5066

PARENTAL PERMISSION FORM

Child's Name: _____

Medical facts we should know in case of emergency:

My son/daughter, named above, is in good health and does have my permission to travel to

I know of no physical reason that would restrict her from participating in the activities (if there are limitations, please note on back of form). In an emergency, a church leader has my permission to authorize medical treatment. Further, if it should become necessary for my child to receive medical treatment due to accident or injury, I understand that the liability insurance policy of Reamstown Church of God acts in a primary position only when the participant is not already covered by insurance. Consequently, I agree to submit all claims first to my insurance company and then to the insurance company of Reamstown Church of God. I also accept full responsibility for the cost of medical treatment for any injury suffered while taking part in the activity which is over and above that which is covered by insurance.

In addition, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my child's health, and it is not advisable to take the time to contact me in advance. I waive my right to informed consent for such treatment.

Moreover, I understand that temporary emergency measures may be necessary to safeguard my child's health, and I do hereby authorize and request personnel from Reamstown Church of God to administer or supervise such treatment and to do any procedure that they deem necessary until such time as my child can get safely transported to a doctor or hospital.

Further, I agree to waive any and all rights and claims for damages that I, my spouse or my children may have against Reamstown Church of God and its agents, employees, and representatives, or the State, or General organization, and all participating church leaders for any and all injury, damage, or loss sustained by myself, my spouse or my children arising directly or indirectly out of the activities.

Signature of Parent or Guardian

Date

In case of emergency, notify:

Name: _____

Phone: _____

Address: _____

City: _____

Relationship: _____