

# Reamstown Church of God

*“Building Lives From The Ground Up”*

Arthur T. Karick, Pastor

Joel R. Hainley, Associate Pastor

P.O. Box 98

Stevens, PA 17578

Phone 717-336-2147 Fax 717-336-5066

---

## PARENTAL PERMISSION FORM

Youth's Name: \_\_\_\_\_

Medical facts we show know about, in case of an emergency:

\_\_\_\_\_  
\_\_\_\_\_

My son/daughter named above, is in good health and does have my permission to participate in going to \_\_\_\_\_

\_\_\_\_\_. I know of no physical reason that would restrict him/her from participating in the activities (if there are limitations, please note using back of this 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 and/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 the 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 child(ren) 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 child(ren) arising directly or indirectly out of the activities.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Relationship: \_\_\_\_\_