

# ELEMENT CHURCH OF GOD

## Parental Consent Form and Medical Treatment Form

Valid: September 2018 – August 2019

Name of Church: Element Church of God

Youth Leader: Aaron Broman / Jocelyn Godo / Jake Godo

I give my student permission to attend and participate in authorized church sponsored events of the Element Church of God in Altoona, PA. I also permit Element Church to use my child's picture for any lawful purposes, including illustration, promotion and Web content. This will be an annual form to fill out and keep updated.

I, the undersigned parent or guardian of \_\_\_\_\_, a minor, do hereby authorize adult workers with the youth of the above named church to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

Any known Allergies or Allergic reactions: \_\_\_\_\_

\_\_\_\_\_

Insurance Company or Group: \_\_\_\_\_

Policy Number: \_\_\_\_\_

(Please print the following information)

Name of Participant: \_\_\_\_\_ Parent / Guardian: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Date

My signature confirms that I hereby give witness to the proper completion of this form by the parent or guardian of the above listed minor.

\_\_\_\_\_  
Signature of Pastor Mike Hammer