



PAINESVILLE ASSEMBLY OF GOD
Connect. Grow. Serve.

10949 Johnnycake Ridge Rd.
Painesville, OH 44077
440.354.6805

**Parent Permission Form
Emergency Care Release
Transportation Release
Promotional Picture & Video Release**

Does this student utilize the Van Ministry for transportation? YES or NO

Activity Information (To be completed by the activity sponsor)

Name of Ministry: Reality Student Ministries
Name of Ministry Coordinator: James Aspito Telephone: (440) 354-6805
Description of Activity: Back to School Rally
Date(s) of activity: August 26th, 2018 4-9pm
Address: Gateway Church 2300 Austinburg Rd Ashtabula, OH 44004 Telephone: (440) 275-7720

Participant Information (To be completed by authorized guardian)

Name of participant: _____
Name of parent/guardians: _____
Address: _____ Telephone: _____
Name of emergency contact: _____
Telephone (Day): _____ Telephone (Evening): _____
List allergies or medical conditions: _____
Is sponsor authorized to approve medical treatment: YES NO
Is participant covered by personal/family medical insurance? YES NO
If yes, name of insurer: _____
Policy or group number: _____

PARENT PERMISSION FORM

I understand that Painesville Assembly of God has children and youth ministry programs which include Bible teaching, recreation, and direction on how to live a positive Christian life. By signing this form below, I give permission for my child, as named above, to attend the Painesville Assembly of God church and church sponsored events. I release the church and its representatives from any liability in the event of an accident en-route, during, or returning from an activity.

EMERGENCY MEDICAL CARE RELEASE

I do hereby state that I have legal custody of named child, a minor, who resides with me. While this minor is in the care of Painesville Assembly of God, I hereby authorize any Pastor, Teacher, Leader, or other responsible person of said church to consent to any X-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice when such medical or surgical treatment is necessary. I am also aware that the administration of non-prescription medicines (band aides, ice packs, Tylenol, etc.) may be necessary. I willfully consent for my child to receive these from adult leaders if deemed necessary.

TRANSPORATION RELEASE

I hereby authorize my child to travel with church groups to events located on/off church grounds at any time as authorized by the church's leaders and/or teachers. I understand that my child may ride a bus, van or car to/from the Painesville Assembly of God church. I agree for my child to be transported in church-owned vehicles as well as parishioners' personal vehicles when necessary. In the event of an accident, I will not hold the church, staff or child's driver liable.

DISCIPLINARY CLAUSE

We are not responsible for students' lost or stolen items while attending church events. We also reserve the right to inspect the contents of all personal belongings at any time. The confiscation and/or disposal of improper contents is up to the discretion of the Painesville Assembly of God Staff. In case of dismissal due to voluntary withdrawal or disciplinary actions, there will be no refund of event fees. Parents are also financially responsible to repair/replace any property, vehicle or equipment their child damages while behaving inappropriately.

PICTURE & VIDEO RELEASE

I understand that any pictures or video taken of children while attending church events will become the property of Painesville Assembly of God, and may be used for the purpose of promoting church ministries.

Parent/Guardian Name (Please Print)

Date

Parent/Guardian Signature

Painesville Assembly of God Staff/Volunteer Witness: