



LEND A HAND

3040 Market Street, Suite 1

Camp Hill, Pa. 17011

717- 731-8888 (Toll Free 1-877-211-0700)

www.lendahandmissions.com

A mission of the Presbytery of Carlisle

“IN LOCO PARENTIS” PERMISSION FORM

This form must be completed and forwarded with all other pertinent registration forms to the Lend A Hand office. A separate form must be completed for all volunteers below age 18.

I hereby give my permission for _____ to participate in the Lend A Hand disaster recovery trip scheduled for (dates) _____ at (Location) _____.

I understand that my child will be traveling in a bus/van/car that has been authorized by Lend A Hand to transport volunteers to the disaster site, and to deliver them to and from worksites at the disaster recovery points.

I hereby grant permission for the Lend A Hand Team Leader, or his/her appointed official, to authorize any necessary emergency medical treatment for my child that they deem necessary. I understand that I will be contacted as soon as possible in event of such treatment.

In the case of illness or injury during the event, including transportation, I give my permission for those in charge to administer first aid. I also consent to an x-ray examination, anesthetic, medical or surgical diagnosis, treatment and hospital care, and the administration of drugs or medicine to be given to my child upon the advise and under the supervision of a duly licensed physician’s assistant, physician and/or surgeon.

If I am not able to be a part of this disaster recovery trip, I hereby assign _____ as the person who will be “in loco parentis” and therefore responsible for my child. I understand that this person is to be supervising the work and after work activities of my child, and that neither the Lend A Hand Team Leader, nor Lend A Hand, can be held responsible for that task. I also understand that if my child’s behavior becomes a serious problem for Lend A Hand, the Team Leader may request that I provide transportation home for my child at my expense.

Signature of Parent/Guardian

Date

Please carefully print your name as signed above

Alternate contact with phone number