



Aloha Church of God

18380 SW Kinnaman Rd.

Aloha, OR 97007-1614

(503)649-5678

PARENTAL AUTHORIZATION FORM

Youth's Name: _____ Age: _____

Address: _____ City/State/Zip _____

Parent/Legal Guardian Name: _____

Phone: (day) _____ (night) _____

If I cannot be reached, please notify _____ Phone: _____

Please list any allergies: _____

Medical Insurance Company _____ Policy # _____

Is your youth currently taking medicine or treatment? ____ Yes ____ No

If yes, explain: _____

I hereby request permission for my son/daughter to take part in:

Activity:

Destination:

Cost:

Designated Trip Director:

Depart Date/Time:

Return Date/Time:

Should it be necessary for my child(ren) to have medical treatment while participating in this activity, I hereby give the person(s) in charge permission to act on my behalf to SECURE HOSPITALIZATION or medical services deemed necessary and appropriate by the physician. I absolve Aloha Church of God, its employees, officers, chaperones, leaders, organizers, sponsors, and persons transporting our child to and from these activities from any and all form of negligence and inappropriate treatment incurred in the process of hospitalization and medical treatment. Any cost incurred shall be my sole responsibility.

Parent/Guardian Signature: _____ Date: _____