

## Parent (Guardian) Consent Authorization

## Form G

My signature, along with the detailing of certain conditions and **restrictions, authorizes** selected adults in the church to take reasonable responsibility for the **supervision and the temporary** medical care of my child.

Name of the child or youth

Authorization period (not more than one year)

Activity (ies) covered by the authorization

Activity (ies) NOT covered by the authorization

Other conditions to be honored or exempted

Allergies, medical conditions, and other guidance about my child that care-givers ought to know

May-an adult be exempted from the Two Adult Rule?

Yes

No

(If an exemption is allowed, detail any restrictions)

Signature of parent or guardian