

**ASSOCIATION OF THE CHURCH OF GOD**  
**Southern California and Southern Nevada**

**PARENT/GUARDIAN OF A MINOR**

**CONSENT AND HOLD HARMLESS/ CONSENT TO TREAT MINOR FORM**

*(This form should be completed for each increased risk and offsite event and a copy should be taken on each offsite trip.)*

Name of activity: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

Cellphone number(s): \_\_\_\_\_

I, \_\_\_\_\_, *(printed name of parent/guardian)* the parent or legal guardian of \_\_\_\_\_  
*(printed name of minor)* have been informed of the above activity sponsored by the Association of the Church of God of Southern  
California/Nevada (ACOGSCN), or \_\_\_\_\_ and hereby give my consent for my minor child to participate in this  
activity.

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an  
unforeseen hazard does exist. I further agree not to hold the ACOGSCN, or \_\_\_\_\_, their leaders,  
employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

I also understand that my minor child is to be excluded from the following activities (print each exclusion requested or required):

\_\_\_\_\_  
\_\_\_\_\_

I do consent for *(print minor's name)* \_\_\_\_\_ to be given any e-ray, anesthetic, medical, surgical, or  
dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made  
to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make  
the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to  
treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all  
reasonable safety precautions during their care.

Further, as parent or legal guardian, I am responsible for the health care decisions for my minor child and agree that my insurance  
plan is the primary plan for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or  
organization sponsoring this event will be used as the secondary coverage.

Signature of parent/guardian: \_\_\_\_\_ Date signed: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date signed: \_\_\_\_\_