



## AFFIDAVIT OF PARENTAL CONSENT

Please use this form for minors (under 18) attending an Eight Days of Hope (EDOH) event without a parent or legal guardian. By filling out this form, you agree that the minor listed will stay with the approved temporary guardian(s) **(must be 21+)** for the duration of the event, including in lodging, for morning and evening activities, and at all sites. Guardians **MUST** be of the same gender as the minor when staying in EDOH lodging. If minors and guardians are of different genders, lodging is limited to tenting/RVs (where available) or finding lodging outside of EDOH. A minor may have no more than two temporary guardians. A temporary guardian may have no more than 4 minors in his/her care at a time.

***Please fill out the form below AND have it notarized. If the form is not notarized, your minor will not be allowed to attend the EDOH event.***

I/we, **(name of parent(s) or legal guardian(s))** \_\_\_\_\_

\_\_\_\_\_

who is/are the **(relation to minor)** \_\_\_\_\_

of said minor child, do hereby authorize **(name of temporary guardian(s), who are over the age of 21)** \_\_\_\_\_

\_\_\_\_\_

who is/are the **(relation of temporary guardian to minor)** \_\_\_\_\_

\_\_\_\_\_ of said minor child to attend as guardian of **(name of minor child)** \_\_\_\_\_.

Age of Minor: \_\_\_\_\_

From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

To: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_



Parents/Legal Guardians have major medical insurance that will cover this child for medical treatment.

Yes       No

Parent(s)/Legal Guardian(s) allow the named temporary guardian(s) to make medical treatment decisions for the minor child listed above if needed.

Yes       No

If not, we have provided Emergency Contact Information below:

Name: \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_\_) \_\_\_\_\_

Alternate Name and Phone: \_\_\_\_\_

First Parent/Guardian Signature: \_\_\_\_\_

Second Parent/Guardian Signature: \_\_\_\_\_

**(To be signed in front of a Notary Public only)**

Subscribed and sworn to before me on **(date)** \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_; the state of \_\_\_\_\_.

My Commission Expires: \_\_\_\_\_

*Affix Notary Seal to the right.*

