



# Goss Memorial Church

2247 11th Street SW

Akron, Ohio 44314-2097

## Permission to Attend Form

This is to certify that \_\_\_\_\_ (name of student) has my permission, as parent or legal guardian, to attend \_\_\_\_\_ (Activity or event) \_\_\_\_\_ (Date(s)) under the guidance of the leaders from Goss Memorial Church. In the event of an emergency, if I or one of the emergency contacts are unable to be reached, I authorize the adult leaders to use their best judgment in acting on behalf of my child, including the administration of emergency medical treatment by available medical personnel. I will hold the medical personnel, the leaders, Goss Memorial Church, harmless for their actions in such a situation.

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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If only one adult is available, I give permission for the following people to transport my child home:

- 1)
- 2)
- 3)

Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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