



**SOAP OUTREACH
MINOR PARENTAL PERMISSION**

My child _____ has my permission to attend the SOAP
Training and Outreach on (date) _____
At (location) _____.

My child is able to go to the hotels apart of the Outreach to deliver soap and
materials along with a trained adult. I assume full responsibility for my child and
will not hold SOAP staff responsible for any injury or damage.

Parent or Legal Custodian: _____
Minor's Name: _____
Date: _____



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