



2018 AWANA ACTIVITY PERMIT

To Whom it May Concern:

Name of Minor(s) :

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

As a parent and/or guardian, I do herewith give permission for my child to participate in AWANA Club at Bethel Church and I authorize treatment under the direction of any licensed physician of the above named minor(s) in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number listed.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases the church where the child attends AWANA Club from any liability therefore.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment with emergency circumstances in my absence.

Parent / Guardian : \_\_\_\_\_

Signature : \_\_\_\_\_ Phone : \_\_\_\_\_

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

Physician name: \_\_\_\_\_

Specific medical drugs, allergies, chronic illness or other conditions:

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

Other Emergency Contact : \_\_\_\_\_

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