

**PERMISSION SLIP & MEDICAL AUTHORIZATION FOR PARTICIPATION IN
AWANA 2011-12**

CHILD'S FULL NAME: _____ GRADE: _____

BIRTHDATE: _____ PREFERRED NICKNAME: _____

FATHER: _____ MOTHER: _____

GUARDIAN: _____

HOME ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PARENT'S PHONE #: _____ Cell-phone #: _____

IN AN EMERGENCY, WHICH PHONE # SHOULD BE CALLED ? _____

In an **emergency**, contact this other person: _____

PARENTS' E-MAIL Address(es) : _____

CHURCH-HOME: _____

Child's SCHOOL: _____

ALLERGIES (food, medication, other): _____

List anything that may prevent your child/from fully participating in the book-work or activities: _____

PARTICIPATION:

The above-named child has my permission to attend, and participate in, all Grace Bible Church (Grandville, MI) AWANA-activities (from September 14, 2011 through August 31, 2012) authorized by the AWANA-leadership at said church.

MEDICAL:

If, in this attendance, and/or participation, the child named on this form should have need of any emergency-medical attention, I understand that an attempt will be made to contact me, the parent/guardian, at the phone # specified above.

If I cannot be reached, I, the parent/guardian authorize the leaders of these activities to seek such medical-, or other emergency-, attention as they deem necessary AND authorize any subsequent medical treatment for the child named on this form on my/our behalf. In an emergency, I hereby consent to emergency-personnel and/or a licensed physician, selected by Grace Bible Church AWANA-leadership, to hospitalize, secure proper treatment, anesthesia, or surgery for the child named on this form. This consent is in effect from September 14, 2011 through August 31, 2012.

I agree NOT to hold Grace Bible Church, its leaders, employees, and volunteer-staff liable for damages, losses, diseases, fatalities, or injuries resulting from participation in the specified ministry and/or from actions taken pursuant to this participation-, and medical-, authorization.

MEDICAL INSURANCE CARRIER: _____

PRIMARY ENROLLEE (NAME) _____

CONTRACT #: _____

GROUP # & POLICY #: _____

PLAN/COVERAGE CODE: _____

SIGNATURE: _____ DATE: _____
(parent or guardian) printed name:

Signature of Witness: _____ DATE: _____
(unrelated person) printed name: