

Awana Permission Slip & Emergency Contact Information

Child's Name _____ Birth Date ____/____/____

Address: _____

Phone Number: _____ Family e-mail address: _____

I, _____ am the parent/legal guardian and consent to participation in all Awana activities under the supervision of the Awana Leadership Team at Grace Calvary Church (GCC).

To the fullest extent permitted by law, I release GCC, its officers, directors, employees, agents and representatives from any injury, harm, damage which may occur to my minor child while participating in activity. I agree to save and hold harmless any claims arising out of my child's participation in the activity.

I authorize the following people to pick up my child (ID will be required):

1) _____

Name	Relation to child	Address	Phone
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2) _____

Name	Relation to child	Address	Phone
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Please list phone numbers where you may be reached during the Awana program:

Home _____ Cell _____

Other _____

Emergency Contact of another person if you can not be reached:

1) _____

Name	Relation to child	Address	Phone
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Please indicate any medical restrictions (children will be involved in physical activity), medications (inhalers, epi-pen, etc.)/allergies/medical concerns:

May we contact your family by e-mail or phone with updates or unexpected cancellations? Y N

May we mail a birthday card to your child? Y N May we take pictures of your child? Y N

Parent/Guardian Signature _____ Date _____