

[illegible]

Medical Release:

As a parent/guardian, I give my permission for _____ (enter child's name) to attend AWANA activities including regular club nights and any special activities from September _____ (enter year) through May _____ (enter year). I authorize treatment under the direction of any licensed physician of the above minor 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 after reasonable effort has been made to reach me by phone. I will not hold the church, or their staff, administration, or workers, liable for any injury to or loss of possessions by the above minor during any activity either on the church property or away, including regular meetings as well as special events.

YES _____, I give permission as stated above for my child regarding medical care

NO _____, I do NOT give permission for my child to receive medical care

Signature: _____ Please Print Initials: _____

Photo Release:

Photographs are sometimes taken of AWANA ministry activities for publicity and promotional purposes, which include, but are not limited to, church web site, church announcements, brochures and newsletters. By signing below, you are granting the church to use photographs of the above-mentioned minor(s) as stated.

YES _____, I grant permission for use of photographs of my child as stated above.

NO _____, I do NOT authorize use of photographs of my child.

Signature: _____ Please Print Initials: _____