

Permission Form/Medical Release

PARKWAY BAPTIST CHURCH of McKinney, Texas



I give my permission for my child _____, Birthday _____ Age _____
To take part in the **Parkway Baptist Church AWANA Program**

Knowing that the adult sponsors will take utmost care of my child's safety, I understand that accidents do occur and that in such situations immediate steps must be taken to secure my child's health. I hereby authorize the staff of **PARKWAY BAPTIST CHURCH** to seek medical attention for my child should an emergency arise, provided that I will be contacted as soon as possible. Failure to reach me shall not prevent an application of immediate, necessary medical treatment, not excluding injection, anesthesia, or surgery.

I further agree the Parkway Baptist Church shall be held harmless in the event of accident or injury, and, in that regard, I understand and agree that Parkway disclaims all liability in the unlikely event of injuries sustained in connection with this event.

(Parent/Guardian Signature)

(Date)

Emergency Information

Parent/Guardian _____ Home Phone _____

Work Phone _____ Cell Phone _____ Other _____

In case parent or guardian cannot be reached, contact:

Emergency Contact Person: _____ Phone _____ Relationship _____

My child has the following allergies or medical conditions: _____



AWANA Contact Information and Permission Authorization

Clubber name: _____ Birthday: _____ Age: _____ Grade: _____

Address: _____ City & State: _____ Zip: _____

Hobbies/Activities: _____

Church: _____ Invited by: _____

Parent/Guardian name(s): _____

Home Phone Number: _____ Father's cell: _____ Mother's Cell: _____

Individuals authorized to pick up child from club: _____ Phone Number: _____

_____ Phone Number: _____

Occasionally, we would like to contact your child to see how they are enjoying club and if they need any help in completing their handbooks. We would also like to send written correspondence such as "Get Well" cards and a "Birthday Card". We are asking your permission as the legal parent/guardian to contact your child, by written communication and by telephone to discuss club activities.

Parent/Guardian signature: _____ Date: _____