

Child's Last Name _____

Parents' Last Name (if different) _____

Family Home Church _____

2018-2019 BCLR Awana Activity Permit

As a parent/guardian, I do herewith authorize treatment under the direction of any licensed physician of the following minor(s) in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, causing disfigurement, physical impairment, or undue discomfort if delayed. This authorization is granted only after a reasonable effort has been made to reach me at the number(s) listed below.

The undersigned assumes responsibility for any cost connected with such treatment and hereby releases The Bible Church of Little Rock, where the child attends Awana, from any liability thereof.

Signed _____ **Date** ___/___/20___

This form must be signed by the parent/guardian of the child in order for child to participate in AWANA game time.