

Family Last Name _____

2010-2011 BCLR Awana Club 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.

Parents/Guardians: _____

Family E-mail: _____ **Street:** _____

City: _____ **State:** _____ **Zip:** _____ **Home Phone:** _____

Other Phones (Cell): _____

Family Physician: _____ **Phone:** _____

Other contact in case of an emergency:

Name/relationship: _____ **Phones:** _____

Child's Name	Club (Circle Grade)	Date of Birth	Pertinent Medical Info
	Cubbies – 3 years old		
	Cubbies – 4 years old		
	Sparks – Kindergarten		
	Sparks – 1 st grade		
	Sparks – 2 nd grade		
	T&T 3 rd & 4 th grade girls		
	T&T 3 rd & 4 th grade boys		
	T&T 5 th & 6 th grade girls		
	T&T 5 th & 6 th grade boys		

This release form is completed and signed of my own free will and with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed _____ **Date** ____/____/20____