



Permission Slip, Liability Waiver, and Medical Authorization

(one form per child must be completed)

Effective for **Hampshire View Baptist Church (HVBC) Awana Program Sept 11, 2019 ‘til June 10, 2020**
Every Wednesdays 7:00 pm – 8:30pm

NOTE TO PARENTS: Kids need to wear their appropriate vest for Cubbies and Sparkies, and shirts for T&T.
Kids need to wear Tennis shoes for game time!!

Child’s name _____ **Gender** _____ **Last grade completed** _____

Name of Parent /Guardian _____ **Relationship** _____

Address _____ **City** _____ **State** _____ **Zip** _____

Email _____

Primary Phone _____ **Cell phone #** _____ **Home church** _____

Please explain any allergies, dietary and/or medical concerns for your child in the space below:

Functions and activities: I authorize my child to participate in all **HVBC Awana Activities** (Handbook Time, Counsel Time and Game Time). INITIAL HERE _____

Publicity: I authorize **Hampshire View Baptist Church (HVBC)** to take pictures of my child during **HVBC Awana Activities**. I also authorize the use of said pictures for the purpose of newsletters, church websites and for other promotional/informational usage. INITIAL HERE _____

Medical Custody Release: I authorize the **Awana Leadership of HVBC** to seek and authorize Medical attention in the event my child needs medical care for Emergency or Normative reasons. I understand a first call will be made to the parents/guardians, however, if contact cannot me made on first call, assistance will be authorized by the churches **HVBC Awana** leaders. INITIAL HERE _____

Release of Liability: By signing this form I understand there are risks associated with all activities including **HVBC Awana activities**. I agree not to hold **HVBC leadership** or other agents liable for any harm that may accidentally occur through the normal course of **HVBC Awana activities**. I understand the **HVBC Awana leadership** will make every reasonable attempt to provide a safe and caring environment for my child. INITIAL HERE _____

Other emergency contacts: (Listing a person indicates they are approved to pick up your child)

1) **Name** _____ **Relationship** _____

Primary phone#: _____ **Alternate Number#** _____

2) **Name** _____ **Relationship** _____

Primary phone#: _____ **Alternate Number#** _____

Final Approval: I as the parent/guardian agree to the above: **Signature** _____

Print Name _____