

# Awana Permission Form 2021 – 2022



BYRON CENTER BIBLE CHURCH

I give permission for the children named below to participate in all Awana activities sponsored by Byron Center Bible Church, whether on the church grounds or traveling to another site. This will cover the dates from September 1, 2021 through May 30, 2022.

I, the parent/ guardian agree not to hold the church or activity personnel liable for any accidents or incidents that occur, but will hold the church and its personnel as being harmless. The church will endeavor to make every activity a safe and wholesome experience for your child. In the unlikely event medical attention becomes necessary, I as parent/guardian, authorize the treatment of my child by a qualified medical practitioner for condition(s) which in the opinion of an attending physician may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted after every reasonable effort has been made to reach me, whereupon the signature of a proper church representative will have the same authority as me in granting permission for such treatment.

**Exposure to COVID-19 is a risk in any public gathering of people; we cannot guarantee you will not be exposed.**

Occasionally, we would like to send written correspondence such as “Get Well” cards and a “Birthday Card” and by signing this form, I am giving permission to contact my child.

Child’s Name: \_\_\_\_\_ Child’s Name: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ Child’s Name: \_\_\_\_\_

Child’s Name: \_\_\_\_\_ Child’s Name: \_\_\_\_\_

Child’s Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Specific medical allergies, chronic illnesses, medications, or other conditions (please list):

\_\_\_\_\_  
\_\_\_\_\_

**This permission form must be in the possession of Byron Center Bible Church prior to your child's participation in activities—including Game Time.**

I have read and understand the above and have signed of my own free will.

Parent/Guardian’s Name(s) (Please Print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

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## Parent / Guardian Information

Parent/Guardian #1 Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_

Address Same as Parent/Guardian #1? Y / N *Address if not:* \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_