



# Cornerstone Baptist Awana Awana Games/Sparks-a-Rama Permission Slip

Clubber Name \_\_\_\_\_ Sparks T&T (Circle one)  
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As the parent / guardian of the above child, I am giving him / her permission to participate and will help ensure that other events do not prevent him/ her from being at the Awana Games/Sparks-a-Rama. By signing, I also here-with 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 or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number listed below.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby released the church where child attends Awana Club, Awana Clubs International, the Awana Missionary, the chaperons, and the host church for the event from any liability therefor.

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Primary Phone: (        ) \_\_\_\_\_

Secondary Phone (        ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Specific medical allergies, chronic illnesses, or other conditions: \_\_\_\_\_  
 \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

**Please attempt to contact the following person if the parent/guardian is not available:**

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Primary Phone: (        ) \_\_\_\_\_

Secondary Phone: (        ) \_\_\_\_\_

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

\_\_\_\_\_  
 Parent / Guardian Signature