

Permission Slip –Child #1

Child’s name: _____ Date: _____

I give permission for my above-named child to attend the AWANA Clubs and AWANA Activities for the 2023-24 club-year at Taft Avenue Community Church with the understanding and agreement that neither the church nor any individual be held responsible in the event of accident, injury or disobedience. I further give permission for my child to be treated by a licensed physician designated by the group, in case of emergency only.

I give Taft Avenue Community Church permission to use photo and video taken of my child for use in promotional materials.

Parent’s Signature _____ Phone _____ Cell _____

Alternate Name _____ Phone _____ Cell _____

This child may also be picked up by _____ Phone _____

This child MAY NOT be picked up by _____

Please list any medical or physical limitations. Include allergies to medication(s) and/or food(s). _____

Permission Slip –Child #2

Child’s name: _____ Date: _____

I give permission for my above-named child to attend the AWANA Clubs and AWANA Activities for the 2023-24 club-year at Taft Avenue Community Church with the understanding and agreement that neither the church nor any individual be held responsible in the event of accident, injury or disobedience. I further give permission for my child to be treated by a licensed physician designated by the group, in case of emergency only.

I give Taft Avenue Community Church permission to use photo and video taken of my child for use in promotional materials.

Parent’s Signature _____ Phone _____ Cell _____

Alternate Name _____ Phone _____ Cell _____

This child may also be picked up by _____ Phone _____

This child MAY NOT be picked up by _____

Please list any medical or physical limitations. Include allergies to medication(s) and/or food(s). _____

Permission Slip –Child #3

Child’s name: _____ Date: _____

I give permission for my above-named child to attend the AWANA Clubs and AWANA Activities for the 2023-24 club-year at Taft Avenue Community Church with the understanding and agreement that neither the church nor any individual be held responsible in the event of accident, injury or disobedience. I further give permission for my child to be treated by a licensed physician designated by the group, in case of emergency only.

I give Taft Avenue Community Church permission to use photo and video taken of my child for use in promotional materials.

Parent’s Signature _____ Phone _____ Cell _____

Alternate Name _____ Phone _____ Cell _____

This child may also be picked up by _____ Phone _____

This child MAY NOT be picked up by _____

Please list any medical or physical limitations. Include allergies to medication(s) and/or food(s). _____

Permission Slip –Child #4

Child’s name: _____ Date: _____

I give permission for my above-named child to attend the AWANA Clubs and AWANA Activities for the 2023-24 club-year at Taft Avenue Community Church with the understanding and agreement that neither the church nor any individual be held responsible in the event of accident, injury or disobedience. I further give permission for my child to be treated by a licensed physician designated by the group, in case of emergency only.

I give Taft Avenue Community Church permission to use photo and video taken of my child for use in promotional materials.

Parent’s Signature _____ Phone _____ Cell _____

Alternate Name _____ Phone _____ Cell _____

This child may also be picked up by _____ Phone _____

This child MAY NOT be picked up by _____

Please list any medical or physical limitations. Include allergies to medication(s) and/or food(s). _____