

AWANA CLUB ACTIVITY PERMIT & HEALTH RELEASE

September, 2016 to September, 2017

Community Christian Fellowship

1702 6th Avenue Moline, IL 61265 309-762-2027

_____ has my permission to attend Awana activities
(Name of Child)

and in the event of illness, injury or other emergency involving my child, I understand that every effort will be made to contact me. If time is of the essence, or if I cannot be reached, I hereby give Community Christian Fellowship staff permission to act on my behalf to secure medical treatment as necessary, including but not limited to, medical attention, anesthesia, surgery and hospitalization, as the attending nurse or physician may prescribe. I understand that it is my responsibility to pay for any medical services required by my child. I absolve Community Christian Fellowship from liability in acting on my behalf in this regard so long as they are not grossly negligent.

Signed _____ Date _____
(signature of parent or legal guardian)

Parent's or Guardian's Names (print) _____

Address _____ City _____ State _____ Zip _____

Phone Home: _____ Cell Phone: _____

E-Mail: _____

Birth date of Clubber _____ Age _____

Grade in School _____

Church Attends: _____

Specific Medical allergies, chronic illnesses, or other conditions: _____

Family Physician _____ Phone _____

Insurance Company _____ Policy # _____

Other contact in case of emergency:

Name _____ Phone _____